McManus M Counseling

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my provider has offered to provide consultation via phone or telehealth consultation.
2. I authorize my provider to allow us to meet via smartphone or a secure online videoconference service platform. I am aware that there may be additional charges from my internet provider.
3. My provider has explained to me how the video conferencing technology that will be used will not be the same as a direct client/psychotherapist session since I will not be in the same room as my provider.
4. I understand that a telehealth consultation has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation.
6. I understand that the telehealth session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.
7. I understand that it is important to connect from a quiet room, with no interruptions, where privacy is guaranteed.
8. I understand that the limitations to confidentiality outlined in our original Consent to Service or Office Policies apply to the videoconferencing format.
9. My consent to participate in this telehealth service shall remain in effect for the time period we agree upon or 1 year from today, which we can modify, or until I revoke my consent in writing.
10. I agree that there have been no guarantees or assurances made about the results of this service.
11. I have had a direct conversation with my provider during which I had the opportunity to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in language which I understand.
12. I confirm that I have read and fully understand the above.

Name, please print: _____ Copy Received: Yes / No

Signature: _____ Date: _____

Provider name: _____
Michael McManus LICSW MSW Laurel Hemmer LICSW MSW John Dwyer LICSW MSW

Email or mobile device number that you would like telehealth meeting invite sent to:

_____

Please send a scan or picture of this completed document to: michael@mcmanuscounseling.net

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