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402-594-4410

### Telehealth Consent Form

#### **Consent to Participate in a Teletherapy Appointment**

1. I understand that my health care provider wishes me to engage in a teletherapy consultation using doxy.me
2. My health care provider has explained to me how the doxy.me video conferencing technology will be used to affect such a consultation will not be the same as direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand that there are potential risks to this technology, including interruptions, discontinue the teletherapy consult/visit if it is felt that the doxy.me videoconferencing connections are not adequate for the situation.
4. I understand that if others are present during the consultation other than my health care provider, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the teletherapy examination room; and or (3) terminate the consultation at any time.
5. I have had the alternatives to a teletherapy consultation explained to me, and I am choosing to participate in a doxy.me teletherapy consultation.
6. In an emergency, I understand that the responsibility of the teletherapy consulting specialist is to advise my local practitioner, and that the specialist's responsibility will conclude upon termination of the doxy.me video conference connection.
7. I have had a direct conversation with my healthcare 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 a language in which I understand.

By signing this form, I certify: \*That I have read or had this form read and/or explained to me \* That I fully understand its contents including the risks and benefits of the procedure(s). \*That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

**Client Name (printed)** \_\_\_\_\_

**Client/Responsible Party Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_