



44084 Riverside Parkway, Suite 240, Leesburg, Virginia 20176 - (703) 724-0200

Telehealth Consent Form

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit since I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits, including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider and I can discontinue the telehealth visit if it is felt that videoconferencing connections are not adequate for the situation.
5. 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 and benefits and any practical alternatives have been discussed with my in a language I understand.

CONSENT TO USE THE TELEHEALTH BY “DOXY.ME” SERVICE

Doxy.me is the technology service we will use to conduct telehealth video conferencing appointments. It is simple to use and there are no passwords required to log in by signing this document, I acknowledge:

1. Telehealth by Doxy.me is NOT an emergency service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the telehealth service, neither Doxy.me nor the telehealth service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The telehealth by Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. I do not assume that my provider has access to any or all the technical information in the telehealth by doxy.me service—or that such information is current, accurate, or up-to-date. I will not rely on my health care provider to have any of this information in the telehealth by doxy.me service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form 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.



EMERGENCY PROCEDURES SPECIFIC TO TELEHEALTH SERVICES

There are additional procedures that we need to have in place specific to telehealth services. These are for your safety in case of an emergency and are as follows:

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and telehealth services are not appropriate.

An Emergency Contact Person (ECP) is required, who your provider may contact on your behalf if a life-threatening emergency only. Enter the person’s name and contact information below”

ECP: _____

ECP Contact Telephone Number: _____

Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, or your ECP, or I determine necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

You agree to inform me of the nearest police department to your primary location that you prefer to go to in the event of an emergency.

IN CASE OF AN EMERGENCY

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

Call _____

Call _____

Call _____

Call Lifeline at (800) 273-8255 (National Crisis Line)

Call 911

Go to the nearest emergency room

Client Name (Printed)

Client Signature, Parent, Legal Representative (circle one)

Date