



TELEHEALTH SERVICES AGREEMENT

Minor client should sign, in addition to guardian

Client: _____ Birthdate: _____

Telehealth is the use of secure, real-time, interactive audio-video communication to provide healthcare services at a distance. Although in-person services are preferred, there are circumstances that prevent in-person sessions, and telehealth may be an effective alternative to maintain continuity of treatment.

Telehealth services may include

- Brief assessment (30 minutes) with our Licensed Evaluator (Medicaid requirement)
- Individual therapy (up to 1 hour)
- Family therapy, which may involve having family members or other significant people participate in sessions with the client or by themselves for the benefit of the client
- ABA services (Caregiver training with client present only)

The laws that protect the confidentiality of your personal healthcare information also apply to telehealth. Any images or video from telehealth sessions will not be saved, stored, or shared without your written consent.

There may be drawbacks associated with participating in services through telehealth including, but not limited to, the following:

- Telehealth sessions could be disrupted or distorted by technical failures
- Telehealth services may not be as comfortable or effective as in-person services

How it works:

- Telehealth sessions work best if your device is connected to high-speed internet, rather than a cellular signal
- Your therapist will email or text a link to the telehealth platform website (doxy.me).
- When you click the link, you will be asked to enter your name then click "check in."
- Your therapist will bring you into the session as soon as he/she is ready to start

You have the right to terminate your consent for telehealth services at any time without affecting your right to future treatment.



I, the undersigned, consent to telehealth services and agree to have family members or significant others participate in my telehealth sessions, as needed:

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED

Client Signature: _____ Date: _____
(required for clients age 6+ or "unable to sign due to disability...age...etc.")

Guardian Signature: _____ Date: _____
(required for minor clients)

Guardian Name (printed): _____ Relationship: _____
(required for minor clients)