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INFORMED CONSENT FOR TELEHEALTH SESSIONS

Definition of Telehealth: Telehealth involves the use of electronic communications to enable Stacey Uebersax, PsyD to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that the laws that protect the confidentiality of my personal information that I have already signed in my initial Informed Consent also apply to telehealth. See StaceyUebersaxPsyD.com to view original consent.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time without impacting my right to future treatment.

Similar to email and text, I understand there are risks to using telehealth in regard to confidentiality. Despite all efforts to protect your health information by using encrypted HIPAA compliant audio/visual transmission software via Zoom, there are no guarantees. Benefits to telehealth include continuity of sessions during the COVID-19 outbreak.

I agree that emergencies and crises are inappropriate for electronic based therapy services and that I should call 911 or seek help from a hospital or crisis oriented health care facility in my immediate area.

I have read and understand the information provided above and have had any questions answered. I understand there are risks and benefits to the use of telehealth services. By signing this document, I state that I agree to the terms of this contract and I give my consent to participate in telehealth sessions.

Client Signature and Date

Parent or Guardian (if minor) and Date