

CONSENT FOR TELEHEALTH CONSULTATION with Julie Kaus, LCSW-C,
Frederick, Maryland

1. I understand that my health care provider has offered to engage in telehealth consultation with me/us during this health pandemic.
2. I understand that the video conferencing technology that will be used to hold such a consultation will not be the same as a direct client/health care provider visit due to the fact that 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 and accept there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
5. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

CONSENT TO USE THE TELEHEALTH

By signing this document, I acknowledge:

1. That a regular telehealth appointment is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. To maintain confidentiality, neither I or my provider will share my telehealth appointment link with anyone unauthorized to attend the appointment.
3. That I will not record these sessions to protect my privacy.

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 am allowed and encouraged to ask any questions about telehealth now and in the future.

BY SIGNING THIS DOCUMENT, I CONFIRM THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS
DOCUMENT:

(Client signature):
