Telehealth Consent Form

By signing this form, I understand and agree with the following:

Telehealth involves the use of electronic communications to enable health care providers patient information for the purpose of diagnosis, therapy, follow up and/or education.

Telehealth requires transmission, via Internet or tele-communication device, of health information, which may include:

- Progress reports, assessments, or other intervention-related documents
- Bio-physiological data transmitted electronically
- Videos, text messages, audio and any digital form of data

The laws that protect the privacy and confidentiality of health and care information also apply to telehealth. Information obtained during telehealth/telemedicine that identifies me will not be given to anyone without my consent except for the purposes of treatment, education, billing and healthcare operations.

By agreeing to use the telehealth services, I am consenting to Robyn Coughlin, LCSW sharing of my protected health information with my insurance company as more fully described in Robyn Coughlin, LCSW's Privacy Policy. I understand, agree, and expressly consent to Robyn Coughlin, LCSW obtaining, using, storing, and disseminating to my insurance company, information about me, as necessary to provide the telehealth services.

As with any Internet-based communication, I understand that there is a risk of security breach. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Telehealth sessions may not always be possible. Disruptions of signals or problems with the Internet's infrastructure may cause broadcast and reception problems (e.g., poor picture or sound quality, dropped connections, audio interference) that prevent effective interaction between consulting clinician(s), participant, patient or care team.

I hereby release and hold harmless Robyn Coughlin, LCSW from any loss of data or information due to technical failures associated with the telehealth service. I understand and agree that the health information I provide at the time of my telehealth service may be the only source of health information used by Robyn Coughlin, LCSW during the course of my evaluation and treatment at the time of my telehealth visits.

I understand that I have the right to withhold or withdraw consent to the use of telehealth/telemedicine services at any time. I understand that if I withdraw my consent for telehealth, it will not affect any future services or care benefits to which I am entitled. All my questions have been answered to my satisfaction.

I hereby consent to the use of telehealth in the provision of care and the above terms and conditions.

By signing below, I certify that I am the legal representative of the participant or that I am the patient and am 18 years of age or older, or otherwise legally authorized to consent. I have carefully read and understand the above statements. I have had all my questions answered. I understand that this informed consent will become a part of my medical record.

Signature of Patient or Patient's Legal Representative _____

Date and Time _____