

Name:

Date:

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATIONS

1. PURPOSE. The purpose of this form is to obtain your consent for a telehealth services with a psychotherapist.

2. NATURE OF TELEHEALTH SERVICES. Telehealth involves the use of audio, video, or other electronic communications to interact with you, consult with your healthcare provider, and/or review your medical information for the purpose of diagnosis, therapy, and/or follow-up services.

3. RISKS, BENEFITS, AND ALTERNATIVES. The benefits of telehealth include having access to specialists and additional information and education without having to travel outside of your home. A potential risk of telehealth is that because of your specific situation, or due to technical problems, face-to-face sessions still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telehealth is a face-to-face visit with a psychotherapist.

4. MEDICAL INFORMATION AND RECORDS. All laws concerning patient access to medical records and copies of medical records apply to telehealth. Dissemination of any patient identifiable images or information from the telehealth session to researchers or other entities shall not occur without your consent.

5. CONFIDENTIALITY. All existing confidentiality protections under federal and Virginia law apply to information used or disclosed during your telemedicine consultation.

6. RIGHTS. You may withhold or withdraw your consent to a telehealth session at any time before and/or during the session without affecting your right to future care or treatment.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to telemedicine appointments.

Signature of Patient or Patient's Representative

Relationship/Name of Representative to Patient

Signature of Witness (required if patient unable to sign)

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