



INFORMED CONSENT FOR TELEHEALTH

LITTLE BIRD PSYCHOTHERAPY, P.S., INC

I consent to engaging in telehealth as part of my treatment. I understand that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of personal health information and education using interactive audio, video or data communications.

I understand that I have the right to withhold or withdraw this consent at any time. However, if I do so, this may require my therapist to provide referrals to other treatment providers, if face-to-face services are not an option based on geography and/or circumstance. The laws that protect the confidentiality of my health information apply to these services the same as in-person services. As such, I understand that the information disclosed by me during any Telehealth session is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality.

I understand that there are risks and consequences of using these services including, but not limited to, the possibility that, despite Little Bird Psychotherapy’s reasonable efforts, the transmission of my health information could be disrupted or distorted by technical failures and/or the transmission of my health information could be intercepted or accessed by unauthorized persons. I agree that Telehealth is appropriate for my circumstances despite these risks. I understand that when I receive Telehealth services from a remote location, my own device and internet connectivity may impact the quality of the services and that Little Bird Psychotherapy does not have control over my end of the transmission.

In addition, I understand that telehealth based services may not be the same as in-person services, where non-verbal communication (body signals) are readily available to both provider and client and, as such, may not be appropriate for everyone seeking therapy.

If our Telehealth session abruptly terminates, Tiffany Cannon-Keiser will immediately call me at the number(s) listed below. Together we will either attempt to regain the contact via the Telehealth technology or, if unable to do so, either reschedule or finish the service via telephone.

I understand that this form is signed in addition to the Informed Consent for Treatment Services, and that all policies and procedures within the Services Agreement apply to telehealth services.

I have read and understand the information provided above. I have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I hereby consent to participate in Telehealth services under the terms described above.

Client Signature: _____ Date: _____

Guardian (if applicable): _____ Date: _____

Home Phone _____ Mobile Phone _____