Telehealth Consent Form For Elena Marie Ramirez, PhD PLC

Client Name: Date:

Client phone number to connect:

Telehealth Information

Telehealth includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video or data communications.

Telehealth therapy sessions are offered through a HIPAA compliant platform and are provided when prearranged with the client when it is deemed appropriate. Telehealth services are only offered in the state where the clinician holds their license. Dr. Elena Ramirez is licensed in the state of Vermont.

Confidentiality

The laws that protect the confidentiality of medical information also apply to Telehealth.

Disconnection

There are risks and consequences from Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychologist, that the transmission of my information could be disrupted or distorted by technical failure; the transmission of my information could be interrupted by unauthorized persons; and /or the electronic storage of my medical information could be accessed by unauthorized persons. The client agrees to be responsible for information security on their own electronic device.

If there is a disconnection during service, we will try to reconnect by video or telephone.

Privacy

During our Telehealth session, neither party is allowed to video, photograph, record, copy, or post any part of our Telehealth session. The client agrees that services are to be administered to the client and no other person is to be in the room with the client unless it is part of the treatment plan and has been prearranged. Please choose a space free of distractions that offers privacy for our session.

In Case of Emergency

Telehealth does not provide emergency services. If an emergency situation arises, please call 911 or proceed to the nearest emergency room for help.

I have read or been read to, understand and agree to information stated above.

_____

Client Name (printed

_____

Signature of Client or Legal Guardian

_____

Date