

Consent for informed Telehealth Services and ‘Good Faith’ Cost Estimates

1. I understand that Dr. Meg Earls has offered to provide consultation via phone or telehealth consultation.
2. I authorize Dr. Meg Earls to allow us to meet via smartphone or a secure online videoconference service platform. I am aware that there may be additional charges from my internet provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation. In telehealth sessions, there is potential for technical difficulties and the plan for unexpected abrupt disconnection is to then make phone contact.
5. Emergency protocols include having entered an emergency contact person on my (separate) ‘intake to treatment’ form, meeting from my home location whose address is known to my provider unless otherwise specified and calling 911 if necessary.
6. I understand that the telemedicine session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.
7. I understand that it is important to connect from a quiet room, with no interruptions, where my, and/or the group’s privacy are guaranteed.
8. I understand that the limitations to confidentiality outlined in our original Consent to Service or Office Policies, apply to the videoconferencing format.
9. My consent to participate in this telemedicine service shall remain so long as I’m in treatment or until I revoke my consent in writing.
10. I agree that there have been no guarantees or assurances made about the results of this service.
11. I have had a direct conversation with Dr. Meg Earls during which I had the opportunity to ask questions in regard to receiving telehealth treatment. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in language which I understand.
12. Dr. Meg Earls does not accept any insurance plan. She has reviewed her payment procedures and I understand I will be paying her at our agreed rate out of pocket. I understand payment for sessions is due by end of each month by check or credit card (Square, which has an additional 3% usage charge). I understand if I am going to be submitting a quarterly statement ‘Reimbursement for Services Rendered’ (provided quarterly by Dr. Earls), I am solely responsible for this process and for whatever percentage is not covered by my insurance plan. Dr. Earls has advised me to check with my insurance carrier in advance to determine expected costs.
13. I have read and fully understand the above.

Signature: _____ Date: _____