

Consent for Telehealth Services

C2 Your Health, PC

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Please read this **informed consent for telehealth services**. If you have any questions regarding its content, please discuss with your provider prior to participating in a telehealth session.

By participating in telehealth sessions, I hereby give my consent to participate in telehealth psychological and psychiatric services with C2 Your Health, PC. I understand that telehealth is the practice of delivering clinical health care services via electronic means between a practitioner and a client who are in two different locations.

I understand there are potential benefits and risks associated with telehealth (including, but not limited to, disruption by technology failure and limits to client confidentiality). I understand that privacy laws that protect the confidentiality of my / my child's protected health information (PHI), as well as exceptions to that confidentiality, also apply to telehealth. The telehealth system works best when people can connect to the internet, and I understand the recommendation to use a secure internet connection rather than public/free Wi-Fi. I understand and agree there will be no recording of any telehealth session by any party, and (if the client is a minor) I will respect my child's right for privacy in psychotherapy.

I understand that charges are the same for telehealth sessions as they are for in-person sessions (including the fee for missed / late canceled sessions). My provider may file insurance claims on my behalf for telehealth services. I understand my insurance provider may differ in how they cover telehealth as opposed to in-person services, and that I am ultimately responsible for any unreimbursed portion of treatment.

I understand time should be protected for telehealth sessions in the same way as for in-person sessions (be on time, don't multi-task, give at least 24 hours advanced noticed of needing to cancel), and that I should take steps to ensure privacy (consider who might be in the vicinity) and be free from any distractions (including cell phone or other devices).

[This paragraph is only applicable if the client is a minor] For every telehealth session with my child, I agree to the following: which parent/guardian(s) will be responsible for my child during that session, and the phone number for the parent/guardian(s) responsible for my child during that session. Furthermore, I agree that parent/guardian(s) will be accessible by phone for the duration of the session, and the provider may need to contact the parent and/or appropriate authorities in case of an emergency.

Your participation in a session indicates: You give your consent for telehealth psychological services with C2 Your Health, PC, and its associated providers. This consent is in addition to the C2 Your Health Consent for Treatment form.