

Client _____



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CONSENT TO TELEMEDICINE SERVICES

Telemedicine involves the use of video and audio communication technology to conduct your therapy session at a distance. If you are unable to travel to my office for your appointment it is possible for us connect online through a secure video conferencing connection.

If you use insurance benefits to pay for our sessions, please verify with your insurance provider that telemedicine services are covered under your plan. If your plan changes, these benefits might change as well.

Devices and Internet Connection

You can access your telemedicine session with a computer, tablet, or cell phone. Our video and audio feed will work best if your device is connected to a reliable high-speed internet connection.

Security

I always use a secure connection and special video conferencing technology that complies with federal health privacy laws. Before we meet for the first time I will send you an email link to connect to our session. In the State of Vermont, it is against state law for either the therapist or the client to make a recording of a telemedicine session. All other laws and regulations which apply to in-person therapy sessions will also apply to any sessions conducted online.

Benefits

The benefits of telemedicine include, but are not limited to:

- improved access to care,
- better continuity of care, and
- reduction of lost work time and travel costs.

Risks

Possible risks include *(If any of these happen, either one of us may choose to stop the session at any time.)*:

- technical difficulties such as interruptions and unauthorized access.
- our video or audio connection may not work or that it may stop working during our appointment.
- our video or audio quality may not be clear enough for us to communicate effectively.

Special Risks

Special risks are defined as “factors that could impact your quality of care” and include:

- I may miss gestures, cues, or other important non-verbal information during your session.
- If you are in crisis, I may not be able to intervene as effectively as I could in person.
- If you need immediate crisis support I might not be familiar with resources available to you in your location.

CONSENT TO TELEMEDICINE SERVICES, continued

By signing this form, you agree to the following:

1. You have read this form and fully understand its contents including the risks and benefits of telemedicine services.
2. You have had a conversation with me during which you had the opportunity to ask questions in regard telemedicine services. Your questions have been answered and the risks, benefits and alternatives have been discussed with you in a language in which you understand.
3. You understand that you have the right to withhold or withdraw your consent to the use of telemedicine in the course of your care at any time, without affecting your right to future care or treatment. You may revoke your consent orally or in writing at any time by contacting me directly.
4. You understand that the laws that protect the confidentiality of your treatment also apply to telemedicine services.
5. You understand that it is illegal in the State of Vermont for you to make a recording of any kind of your telemedicine session(s).
6. You understand that you have a right to a copy of this form and have been offered a copy of this form. You can request that one be sent to you.

Patient Consent to The Use of Telemedicine:

I have read and understand the information provided above and have discussed it with **Susan Davis, MSW**. All of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my mental health care and authorize **Susan Davis, MSW** to use telemedicine in the course of my mental health diagnosis, assessment, and treatment.

Client Name (Please Print)

Date of Birth

Client's Signature

Date

Susan Davis, MSW (Provider)

Date

**You have a right to a copy of this document. Please keep a copy for your records.
For more information about this and other rights, please see the applicable Notice of Privacy Practices.**