

Telehealth Support Service Agreement

If you are interested in telehealth support services, please complete this form and return to your therapist. If you should have any questions, please contact them.

1. All terms and agreements previously agreed to upon intake apply. I understand that all legal and ethical obligations previously attached to services contracted for remain. I understand that I am not waiving any of my existing protections for confidentiality, privacy or other consumer protections, unless otherwise noted specifically, as it relates to this agreement.
2. I agree that the telehealth support services will not be used in a crisis situation. I further agree that any crisis situation will be handled by calling 911 and/or going to my local emergency room.
3. I understand that technology failure may occur. In this event, the provider will make every attempt to establish re-connection. If re-connection cannot be established, fees for services will be discussed prior to charge confirmation.
4. I understand that my therapist uses a secure email system for sending and receiving emails.
5. My therapist is not responsible for a breach of privacy, confidentiality, or security for emails that the provider did not send or receive.
6. I agree that I am solely responsible for the security, confidentiality, and privacy of all emails received by my therapist.
7. I understand that the charge for telehealth support services is consistent with the agreed upon terms as indicated in the informed consent.
8. The provider and/or consumer, have the right, at any time to terminate this agreement if face to face sessions are believed to be in the consumer's best interest.

By signing below, I have read and agreed to the terms and conditions.

The email address I would like to have all emails sent to is: _____

The phone number I would like the provider to use is:

Signature: _____

Print Name: _____

Date: _____