

Consent to Participate in Telehealth Services

- 1.) I understand that my provider, Thriving Roots Counseling, LLC is engaging me in a telehealth session using the platforms Doxy.me and/or TherapyNotes.com.
- 2.) Doxy.me and TherapyNotes.com are being used as an electronic means to provide a screen visual and an audio communication between myself and my provider using an internet connection and that I will not be in the same room or space as my provider.
- 3.) I understand the potential risks to using this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth visit if it is felt that Doxy.me or TherapyNotes.com videoconferencing connections are not adequate for the situation.
- 4.) I understand that if others are present during the consultation other than my healthcare provider they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the visit and thus I will have the right to request the following (1) omit specific details of my medical history/mental health information that are personally sensitive to me; (2) to ask non-medical/professional personnel to leave the telehealth room/space; and (3) terminate the session at any time.
- 5.) I have had the alternatives to a telemedicine session explained to me, and I am choosing to participate in a Doxy.me and TherapyNotes.com telehealth session.

By signing this form, I certify that:

- I have read or had this form read to/or had this form explained to me
- That I fully understand its' contents including the risks and benefits of engaging in a telehealth session
- That I have been given the opportunity to ask questions via email or phone prior to engaging in the telehealth session.

Client Signature: _____

Date: _____

Client emergency contact and Phone Number: _____
