

**Definition of Telehealth:** Telehealth involves the use of electronic communications to enable *Nadine Rosen, LPC.* to connect with individuals using live interactive video and audio communications.

Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

This agreement is intended as a supplement to the **OUTPATIENT SERVICES AGREEMENT** and **NOTICE OF PRIVACY PRACTICES** you received at the outset of our clinical work together and does not amend any of the terms of that agreement where information on how to file a complaint is addressed and is not repeated in this document.

•I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to *Nadine Rosen, LPC.* to provide health care services to me via telehealth.

•I understand that while there are many benefits of telehealth in reducing barriers to treatment and ensuring continuity of care during a health epidemic, there are potential risks, which include, but are not limited to:

○Risks to confidentiality. There is potential for other people to overhear sessions thus it is important for you to make sure you find a private place for our session where you will not be interrupted. *Nadine Rosen, LPC* utilizes a video call platform, Doxy.me that is HIPAA compliant in which all data is encrypted, your sessions are anonymous, and none of your information is recorded or stored.

○Crisis/Emergency Situations: Telehealth may not be appropriate for more complex situations or crisis situations. If I am in crisis or in an emergency, I understand that I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility (such as Atrium Health Behavioral Health - 501 Billingsley Road or Novant) .

○Telehealth can sometime prevent the exchange of important information such as: facial expressions, vocal signals, as well as body language that may be less evident through telehealth and may limit the ability of a practitioner to identify a symptom(s) that are not apparent through telehealth.

○Sessions may have to be interrupted or discontinued if technology issues interfere with the ability for the service to be provided in a clinically appropriate and ethical manner. If the session is interrupted and you are disconnected from the session, *Nadine Rosen, LPC.* will wait two (2) minutes and then re-contact you via the telepsychology platform. If we cannot connect through that means, *Nadine Rosen, LPC.* will call you by phone on the number(s) on file. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

○I understand that *Nadine Rosen, LPC.* can only provide telehealth services as permitted by national, state, and individual insurance company regulations.

○I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit. Other limitations of confidentiality, as reviewed in *Nadine Rosen, LPC's* consent to treatment, continue to apply.

○Telehealth services may not be available as insurance coverage or regulations change in the future, but currently most insurance companies are covering telehealth services in the immediate future due to the Coronavirus. Some insurances do not permit telehealth services. Please contact your insurance company to verify coverage.

○I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit.

○I understand that I have the right to withhold or revoke/withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand

that during a state of emergency, *Nadine Rosen, LPC* may only be providing telehealth services, and refusal to consent may lead to inability for *Nadine Rosen, LPC* to provide treatment.

○As long as this consent is in force (has not been revoked), *Nadine Rosen, LPC* may provide health care services to me via telehealth without the need for me to sign another consent form.

**Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding telehealth, have discussed it with *Nadine Rosen, LPC* and all of my questions have been answered to my satisfaction.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date

I attest that client/legal guardian provided verbal consent to all points noted above.

\_\_\_\_\_  
*Nadine Rosen, LPC*

\_\_\_\_\_  
Date