

The Personal Wellness Center

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Telephone: 410-742-6016

Telehealth Informed Consent

By engaging with my therapist in any communication, inquiry, counseling or consulting, paid or unpaid, I am giving my consent and hereby understand that:

1. When necessary, I agree to engaging in Telehealth (professional services using video and/or audio-conferencing platforms) with my provider for psychological, counseling or consultative services.
2. Telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, video, or data communications.
3. Telehealth may involve the communication of protected health information to other healthcare practitioners for continuity of care and/or case consultation and/or peer review.
4. There are risks and consequences from Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my provider, that: the transmission of my medical/mental health information could be disrupted or distorted by technical failure; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
5. Telehealth-based services may not be the same as in-person services. Sometimes there may be a small delay or distortion of the video due to internet connectivity and bandwidth availability.
6. Since my provider may not be immediately available, it is not advisable to initiate Telehealth services for crisis situations unless an arrangement has previously been made for this purpose.
7. Due to the distant nature of Telehealth services, the provider will not be available to physically assist in a crisis. Local emergency services may be called to assist me in a crisis if warranted and available.
8. If I am unable to reach my provider in an emergency, I should call 911 or go to an emergency room.
9. I have provided the contact information of an emergency contact person who is able and willing to go to my location in the event of an emergency, and/or if the provider deems it necessary.
10. If my provider believes I would be better served by another form of service (e.g. in-person services) I will be referred to an in-person provider.
11. I may benefit from Telehealth, and just like face-to-face services, the results cannot be guaranteed or assured.
12. Because state licensing regulations for Telehealth are different in each state, I, the client, will inform this provider of the location in which I am located at the time of service and will inform the provider at least 24 hours prior to the session if this location changes.
13. It is my responsibility to ensure that I have a strong internet connectivity capable of handling video conferencing.

- 14. Maryland law does not permit recording of sessions without the prior written permission of the provider.
- 15. I am responsible for ensuring that I have a confidential place to speak with the provider for my Telehealth visit.
- 16. I am to notify the provider if anyone else is present or can overhear the telehealth visit.
- 17. I have the right to withdraw my consent at any time and cease telehealth services.

I have read and understand the information provided above.

Client's name (print)

Date

Guardian/Client's signature