

GREGORY MOSS, LCSW
NORTH MAIN COUNSELING
84 North Main Street
Cortland, NY 13045

TELEHEALTH CONSENT FORM

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to other entities without my consent.
2. I understand that I have the right to withhold or 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.
3. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
4. I understand that the telehealth portal is HIPPA compliant, encrypted, and clients are anonymous to the providers of the service. No PHI is recorded and data is destroyed following the call.

Client Consent To The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have had the opportunity to discuss it with Mr. Moss and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telehealth in my treatment.

I hereby authorize ___GREGORY MOSS___ to use telehealth in the course of my treatment.

Signature of Client (or person authorized to sign for patient):

Date:

If authorized signer, relationship to Client: