

Building Foundations Counseling Center, Inc.
A Professional Family Counseling Corporation

Disclosure Statement & Agreement for Telehealth Services

Client Name: _____

DOB: _____

TELEHEALTH SERVICES UNDERSTANDING:

I, _____, understand Telehealth involves the use of electronic communications between my therapist, who is employed at Building Foundations Counseling Center, Inc. A Professional Family Counseling Corporation, and myself, who are different locations to conduct a live two-way audio and video session. Electronic systems (Doxy.me) used will incorporate network and software security protocols to protect the confidentiality of patient identification.

CONSENT FOR TELEHEALTH CONSULTATION:

1. I understand that my therapist wishes me to engage in a Telehealth consultation.
2. I understand I must be physically located in the State of California, and will disclose my current location during each telehealth session.
3. My therapist explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist.
4. I understand that a Telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a safe location of my choosing.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the Telehealth consult/visit, if it is felt that the videoconferencing connections are not adequate for the situation.
6. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE TELEHEALTH BY DOXY.ME SERVICES:

1. Telehealth by Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my therapist and I may be in direct, virtual contact through the Telehealth Service, neither Doxy.me nor the Telehealth Services provide any medical or healthcare services or advice including but not limited to, emergency or urgent medical services.
3. Telehealth by Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

Please turn over as it is continued on the back side.

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If you understand the information stated on Page 1 of this document, AND hereby authorize a therapist, employed by Building Foundations Counseling Center, Inc. A Professional Family Counseling Corporation, to use telehealth in the course of my psychotherapy diagnosis and treatment, please sign and complete the information below. A copy will be provided for your records.

Patient Name (please print)	
Signature of Patient (if Patient is 12 or older)	Date
Patient's Representative and Relationship to Patient (please print)	
Signature of Representative	Date
Patient's Representative and Relationship to Patient (please print)	
Signature of Representative	Date