Marianne Tomlinson Therapy, LLC
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Batavia, IL 60510
630-337-6571
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INFORMED CONSENT FOR TELEHEALTH SERVICES

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 give consent to the counselors at Marianne Tomlinson Therapy, LLC to provide health care services to me via telehealth.

My health care provider has explained to me how the HIPPA compliant video conferencing technology (WeCounsel.com) will be used during telehealth services. I understand that this counseling session will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.

I understand that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider(s) or myself can discontinue the telemedicine visit if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that the laws that protect privacy and confidentiality of medical information also apply to telehealth. I understand that I will be responsible for any copayments or fees that apply to my telehealth visit and agree to pay them in full.

I understand that the paperwork I signed with Marianne Tomlinson Therapy, LLC, including; initial intake paperwork, HIPPA and privacy policy, any signed release of information, and rates/ fees apply to telehealth services. 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 of treatment. I may revoke my consent orally or in writing at any time by contacting Marianne Tomlinson Therapy, LLC at 630-337-6571 or marianne1@ameritech.net. As long as this consent is in force (has not been revoked), Marianne Tomlinson Therapy, LLC may provide health care services to me via telehealth without the need for me to sign another consent form.

Signature of Patient (or authorized person):

____Date: ____________

If authorized signer, relationship to patient: ____

IMPORTANT: Telehealth or online counseling is not appropriate for people who are suicidal, self-injuring, homicidal or who have mental health issues that require more intense care. If you feel severely depressed, suicidal, or if you think you are about to hurt yourself or someone else, please call 911 or go to the nearest hospital emergency room for treatment.