



Kelly Cremeans, MS, LMFT

Licensed Marriage & Family Therapist ~ License # 35001608A
2680 E Main Street ~ Suite 209 ~ Plainfield, IN 46168
317.797.7185 ~ solution.focused@sbcglobal.net

CONSENT FOR TELEHEALTH CONSULTATION FORM

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider 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/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. Telehealth is a technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in.
6. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
7. My questions, if any, have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this document, I acknowledge:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Printed Name _____

Signature: _____ Date: _____

Spouse Printed Name _____

Signature: _____ Date: _____