



4604 N Penngrove Way, Ste 110, Meridian ID 83646

CONSENT TO TELEHEALTH TREATMENT

I, _____ hereby consent to engage in telehealth with Rikki Davlin and RK Counseling PLLC (therapist).

I understand that telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of my health care when I am at a different location than my therapist. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of your information and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to therapy services.

Possible Risks:

- I understand that there are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that therapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons.

By signing this form, I understand and agree to the following:

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth.
- 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.
- I understand that miscommunication between myself and my therapist may occur via Telehealth.
- I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
- I understand that at the beginning of each telehealth session my therapist is required to verify my full name and current location.
- I understand that in some instances telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed. If such services are not possible because of distance or hardship, I will be referred to other therapists who can provide such services.
- I understand that while telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that telehealth is effective for all individuals. Therefore, I understand that while I may benefit from telehealth, results cannot be guaranteed or assured.



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- I have discussed the fees charged for telehealth with my therapist and agree to them. If I have insurance, I have discussed with my therapist and agree that my therapist will bill my insurance plan for Telehealth and that I will be billed for any portion that is the patient's responsibility (e.g. co-payments).

I have read and understand the information provided above regarding telehealth, have discussed it with Rikki Davlin, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my medical care.

Patient Signature

Signature of Parent or Guardian (if applicable)

Date