



Veronica Lichtenstein LMHC  
LET'S TALK ABOUT IT

## TELEHEALTH INFORMED CONSENT

*Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, client portals, and remote client monitoring are all considered telehealth services.*

Client's  
Initials:

\_\_\_\_\_ I understand that telehealth is the use of electronic technology for communication for the purpose of providing healthcare services wherever the doctor and the patient are located.

\_\_\_\_\_ I understand that the institution is based in Florida and likewise uses telehealth to conduct a consultation with their patients.

\_\_\_\_\_ I understand that with the use of telehealth, the interaction shall be done through real-time audio-video communication.

\_\_\_\_\_ I understand that the laws that protect privacy and confidentiality, as well as the confidentiality of medical information through the Health Insurance Portability and Accountability Act (HIPAA) also apply to telehealth.

\_\_\_\_\_ I understand that I will be responsible for any payments or coinsurances that apply to my telemedicine visit.

\_\_\_\_\_ I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment; I have the right to access my information and to inspect my medical information that was transmitted through telemedicine; I have the right to privacy where it shall be necessary to seek my consent in order to disclose my information unless those that are permitted by law to disclose without the need of my consent.

\_\_\_\_\_ I understand any lawsuit arising out of this agreement or service shall be brought to the courts of the state of Florida, to the exclusion of other states.



Veronica Lichtenstein LMHC  
LET'S TALK ABOUT IT

\_\_\_\_\_ I understand that I will be using [Doxy.me](https://doxy.me) as recommended by HIPAA and my provider, Veronica Lichtenstein, LMHC LLC and I have read the instructions required to participate in Veronica Lichtenstein's telehealth sessions.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature with the opportunity to have questions answered to my satisfaction.

For electronic communication between Veronica Lichtenstein, LMHC LLC and Staff And \_\_\_\_\_  
(Client's name)

\_\_\_\_\_  
Client or Legal Representative Signature/Date/Time

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Print Client or Legal Representative Name

\_\_\_\_\_  
Witness Signature/Date/Time

I certify that I have explained the nature of this agreement to the client/client's legal representative. I have answered all questions fully, and I believe that the *client/legal representative* (circle one) fully understands what I have explained.

\_\_\_\_\_  
Healthcare Provider Signature/Date/Time

\_\_\_\_\_ copy given to client  
initials

\_\_\_\_\_ original placed in chart  
initials