

TELEHEALTH CONSENT

The health and wellbeing of TSC's clients and staff is our highest priority. Due to the Covid 19 pandemic our staff is able to offer Telehealth as an alternative to person-to-person sessions.

1. I hereby authorize The Stern Center to use the telehealth platform for telecommunication for evaluating, diagnosing, and therapy for my medical condition.
2. I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended. The Stern Center will do it's best to reschedule if this occurs.
3. I accept that the professionals can conduct interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.
5. I understand that at any time I can revoke my consent to telehealth by contacting the office. This consent will be kept for one year and may be updated when appropriate due to Covid-19.

Please initial below:

_____ I agree to receive telehealth and permit to verbal consents for official documents and treatment planning.

_____ I disagree and do not want to receive telehealth at this time.

Client/Parent Guardian Signature

Date

Therapist/The Stern Center Representative Signature

Date