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CONSENT FOR TELEHEALTH PSYCHOTHERAPY

Ann Drouilhet, LICSW, has offered to provide psychotherapy via phone or telehealth consultation.

I authorize Ann Drouilhet, LICSW, to allow us to meet via smartphone or a secure HIPAA compliant online videoconference service platform.

She has explained to me how the video conferencing technology that will be used will not be the same as a direct client/psychotherapist session due to the fact that we will not be in the same physical space.

I understand that a telehealth consultation has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that the telemedicine session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.

I understand that it is important to connect from a quiet room where my privacy is guaranteed.

My consent to participate in this telemedicine service shall remain in effect until I revoke my consent in writing.

I have had the opportunity to ask questions in regard to this procedure.

I confirm that I have read and fully understand the above.

Signed: _____ Date: _____

Print Name: _____