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Telehealth Informed Consent

This document contains important information about telehealth services. This is information you have a right to know and consider before making a decision about using or continuing to use telehealth services. Please read this document carefully and discuss any questions or concerns you may have before signing it. If the client is under 18 years of age, the client's legal guardian must sign this document.

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual(s) when he/she/they are located at a different site than the provider, and hereby consent to Dawn Womack, LCSW providing health care services to me via telehealth.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit.

I understand that I will be responsible for any co-payments or co-insurances that apply to my telehealth session.

I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. Telehealth is performed over a secure communication system that is almost impossible for anyone else to access, but because there is still a possibility of a breach, I accept the very rare risk that this could affect confidentiality.

I understand that I am responsible for providing the necessary computer, telecommunication equipment, and internet access for my telehealth session and responsible for the security of my computer. I understand that I am responsible to ensure privacy at my own location by being in a private location where others cannot hear or interrupt my conversation.

I understand that telehealth does not provide emergency services. I understand that I can call 911 or report to my nearest emergency room if I am having suicidal thoughts or thoughts of hurting myself. I agree not wait to hear from my therapist if I am in crisis.

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 may revoke my consent orally or in writing at any time by contacting Dawn Womack, LCSW at 225-647-5500. As long as this consent is in force, Dawn Womack, LCSW may provide health care services to me via telehealth without the need for me to sign another consent form.

I have read and understand the above information. I hereby sign in agreement.

Signature of client or signature of legal guardian
if client is a minor

Date

Please keep a copy for your records