

Consent for Teletherapy/Telehealth Services

THE HEALING JOURNEY

LLC

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Individual, Couples, or Family Therapy

By signing below, you acknowledge and agree to the following:

I understand that teletherapy/telehealth is the use of electronic information and communication technologies by a health care provider to deliver therapy to an individual when he/she is located at a different site than the provider, and hereby consent to Jeanne Matossian providing health care services via teletherapy/telehealth.

I understand that the laws that protect privacy and confidentiality of medical information also apply to teletherapy/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 my copayments or coinsurances that apply to my teletherapy/telehealth visit.

I understand that I have the right to withhold or withdraw my consent to the use of teletherapy/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, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Jeanne Matossian at the phone number or the address above. As long as this consent is in force (has not been revoked), Jeanne Matossian may provide health care services to me via teletherapy/telehealth without the need for me to sign another consent form.

I acknowledge that I have discussed the contents of the above documents with the therapist as needed, have been offered a copy, and had the opportunity to ask questions and address concerns. I therefore consent to participate in teletherapy with Jeanne Matossian of The Healing Journey LLC.

Client Name (please print)

Date:

Signature of Client/Guardian:

Witnessed by Jeanne Matossian, LCSW-R

Date: