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Telehealth Consent Form

There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).

We agree to use the video-conferencing platform selected for our virtual sessions, and your provider will assist by explaining how to use it.

Most insurance payers require you to use a webcam or smartphone during the session.

It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

It is important to use a secure internet connection rather than public/free Wi-Fi.

It is important to be on time. If you need to cancel or change your tele-appointment, you must notify your therapist in advance by phone or email.

We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.

Please list your emergency contact:

Name: _____

Number: _____

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.

As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our future tele-therapy session in-person.

Informed Consent

This agreement is intended as a supplement to the general informed consents that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Client (or Responsible Party) Date