

Kind Living Therapy, LLC
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Telehealth Consent

Please read the following and agree by signing below.

1. I understand I may refuse for services to be provided by telehealth at any time without affecting my treatment eligibility.
2. I understand if my provider believes I would receive better care by standard face-to-face services my provider may stop the service and schedule a face-to-face visit.
3. I understand I will need to download GoToMeeting, a HIPPA compliant application on my computer or smart phone to enable video conferencing.
4. I am aware data charges may apply.
5. I understand there will be no videotaping/recording by either party, of the telehealth consult/services received.
6. I am aware services may be temporarily interrupted due to technical difficulties and may require rescheduling if the problem cannot be resolved during the allotted appointment time.
7. I understand no other parties will be present during telehealth from the hub site (meaning no one else will be present with Amy Duffy during the telehealth appointment)

I give consent for Kind Living Therapy, LLC (Amy Duffy) to provide assessment, evaluation, treatment, and behavioral health services via telehealth. As with services provided, face-to-face, the services provided will be agreed upon by client (and guardian if a minor) and Amy Duffy.

Signature

Date