



## Telehealth and E visit Consent

I understand that I have the following rights with respect to telemedicine and E-visits:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

Consent:

Yes  No

Signature \_\_\_\_\_

Name: Last \_\_\_\_\_, First \_\_\_\_\_

\_\_\_\_\_ Email

\_\_\_\_\_ Phone Number