

**Becky Fischbein, LCSW-C**  
**The Family Garden, LLC**  
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License # 09947 Tax ID 46-1201825

### **Informed Consent for Telehealth Services**

**Definition of Telehealth:** Telehealth involves the use of electronic communications to enable clinicians to connect with individuals using live interactive video and audio communications.

Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Copy of our Office Policies and Therapeutic Informed Consent can be provided.
2. 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.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. The Family Garden LLC utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth.
4. I follow the State of Maryland COMAR Regulations for telehealth: 10.32.05 as well as their respective board regulations (BOPC/ACA or BSWE/NASW) and ethics. I have also received training to provide telehealth services.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

**Payment for Telehealth Services:** The Family Garden LLC (Becky Fischbein, LCSW-C) is fee for service. At the end of our session, you can pay with a credit card. I will provide you with a statement of service to submit to your insurance company.

### **Informed Consent for Telehealth Services Cont.**

#### **Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name \_\_\_\_\_

Client's Signature/Date \_\_\_\_\_

Therapist Name \_\_\_\_\_

Therapist's Signature/Date \_\_\_\_\_