Empowered Healing

TELEHEALTH POLICY

1. This practice uses telehealth to communicate and assess patients. By signing this form, you consent to receive Telehealth services.
2. Your privacy will be maintained using HIPAA compliant platforms for all communications (email, text, phone, video).
   1. In order to participate in telehealth sessions, you as the patient/client will also be requested to maintain a space of privacy, free from distraction in order to maximize the time we have together and maintain HIPAA.
3. If you are in need of additional accommodations, we will discuss these needs and determine the appropriate course of action together.
   1. For example, if an interpreter is required, one will be secured prior to scheduled appointments.
4. If you are not able to participate in Telehealth visits, a referral will be offered to a local provider who may be able to assist you in a different format.

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Sign Date