

Informed Consent for Teletherapy

Amy Huberman, MD
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443-761-4265

CONSENT FOR TELEHEALTH CONSULTATION AND TREATMENT

1. I understand that Dr. Huberman currently offers consultations and treatment solely through teletherapy.
2. Dr. Huberman has explained to me how the video conferencing technology will work during therapy sessions.
3. I understand that telehealth treatment has potential benefits, such as easier access to care.
4. I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that either Dr. Huberman or I can discontinue the telehealth visit if it is felt that the connection is not adequate for the situation.
5. I understand that I am free to seek treatment from a provider who will see me in person and will not require telehealth consultation and treatment.
6. I have had a **direct conversation** with Dr. Huberman, during which I had the opportunity to ask questions about telehealth consultation and treatment. My questions have been answered, and I understand the risks, benefits, and any practical alternatives.
7. I understand that Dr. Huberman will not be available on telehealth for emergency services, and that I should call her directly at 443-761-4265 if I have any urgent clinical concerns that cannot wait until our next scheduled appointment. In case of an emergency, I should also call 911.
8. I understand that all the rules and regulations that apply to the provision of healthcare services in the State of Maryland also apply to telehealth services.
9. Prior to each session, I will provide Dr. Huberman with a backup phone number, in case we lose our connection. I will also provide her with the address where I'll be located during our session.
10. In the event of an emergency, such as a serious medication reaction or serious suicidal intent, I agree to implement any plan that Dr. Huberman recommends, including calling 911 or another emergency responder number; going to the nearest ER; or contacting other community resources, such as a mobile crisis center.
11. I give consent for Dr. Huberman to contact my emergency contact person if clinically necessary.
12. I understand that I am responsible for the configuration of any electronic equipment on my computer that is used for teletherapy. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.

By signing this form, I certify:

- That I have read or had this form read and/or explained to me
- That I fully understand its contents, including the risks and benefits of teletherapy
- That I have been given ample opportunity to ask questions, and that any questions have been answered to my satisfaction.

Patient/Guardian if patient under 18

Date