

Barbara Dunn, PhD, LICSW, MT-BC

P.O. Box 842, Langley, WA 98260

Phone: 206-491-5047

E-mail: barbaradunnmusic@gmail.com

Web site: www.barbaradunn.com

Consent to Use TeleHealth

This form is a CONSENT to use TELEHEALTH CONSULTATION in the Psychotherapy Practice of Barbara Dunn, PhD, LICSW, MT-BC. Please read it thoroughly and feel free to contact me if you have questions or concerns.

1. I understand that Barbara Dunn has invited me to engage in TeleHealth sessions.
2. I understand that a TeleHealth session will not be the same as a direct client visit due to the fact that Barbara and I will not be in the same room.
3. I understand that a TeleHealth session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
5. I understand that Barbara or I can discontinue the TeleHealth session if it is felt that the videoconferencing connections are not adequate for the situation.
6. TeleHealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
7. Though Barbara and I may be in direct, virtual contact through the Telehealth Service, Barbara does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
8. To maintain confidentiality, I will not share my TeleHealth appointment link with anyone not authorized to attend the appointment.

By signing this form, I verify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s) described above.
- That I have been given an opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Name

Client Signature

Date

Barbara Dunn, PhD, LICSW

Date