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TELEHEALTH INFORMED CONSENT

Telehealth conferencing technology will not be the same as an in-person session with a provider due to the fact that I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet and private place with limited interruptions when I start the session.

There are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that Lori Cunnington, LCSW or I can discontinue the telehealth therapy session if it is felt that the telehealth conferencing connections are not adequate for the situation.

I understand that Lori Cunnington, LCSW will use a telehealth platform that is encrypted to the federal standard and HIPPA compliant; and have a signed HIPPA Business Associate Agreement attesting to HIPAA compliance.

It is my responsibility to ensure that I am using a private WIFI (not public) and that my device have protections like firewalls, anti-virus software and password protected.

Lori Cunnington, LCSW agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform Lori Cunnington, LCSW if there is another person present during the session.

The same confidentiality protections, limits to confidentiality, and rules regarding my records apply to a telehealth therapy session as they would to an in-person session.

I understand that Lori Cunnington, LCSW will not record telehealth sessions. I also agree not to record telehealth sessions.

Lori Cunnington, LCSW can decline to offer telehealth services at any time.

My signature below indicates that I understand and agree to the terms as defined.

Client name and DOB

Signature

date

Parent/Legal Guardian if applicable

Signature

date

