

CONSENT TO USE TELEHEALTH

Patient Name: _____

I consent to the use of telehealth in compliance with NYS Office of Addiction Services and Supports (OASAS) issue of regulatory relief to facilitate treatment options consistent with Governor Cuomo's declaration of a disaster emergency (Executive Order 202 -hereinafter "EO") due to the novel coronavirus, COVID-19, outbreak.

1. I understand that the New York Center for Living wishes me to engage in a telehealth consultation for mental health counseling purposes during the coronavirus outbreak.
- 2 I understand that video conferencing technology will be used to affect a consultation and that it will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. The New York Center for Living has purchased Zoom Web Conferencing to ensure HIPAA compliance and confidentiality. I understand there are potential risks to this technology, including interruptions, and technical difficulties.
4. I understand that either the New York Center for Living or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation or due to technical difficulties and that we will resume contact via telephone.
5. I understand that my appointment information may be shared with other individuals as is usual and customary with in-person sessions for the sole purpose of scheduling and billing and collaboration with other members of our treatment team.
6. I have had a conversation with the New York Center for Living and I have had the opportunity to ask questions in regard to the use of telehealth. My questions have been answered and the risks, benefits and any practical alternatives were discussed in a language in which I understand.
7. I understand that by using telehealth I agree not to either video or audio record the content of any part of the session under any circumstances.
8. I am agreeing to the stipulation that no one is to be present during the session that is not specifically designated to be there for the counseling session. If we believe that someone is present in the room or is able to overhear our conversation, then the session will end immediately and will only resume when we believe that the confidentiality of our session will be maintained.
9. I am agreeing to remain in a private well-lit space and to be dressed in an appropriate manner throughout the session.
10. The laws that protect confidentiality of any medical information also apply to online psychotherapy.
11. In the event that the therapist believes that there is a risk of harm to self or others, or in the event of the belief that there is a danger of abuse or neglect, the therapist will take appropriate action steps in compliance with professional norms.

By signing this form, I certify:

- 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).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Printed Name: _____ Signature: _____

Date: _____