

Drs. Laurie and Fred Zelinger, licensed psychologists
461 Albemarle Road Cedarhurst, New York 11516 www.DrZelinger.com

CONSENT FOR TELEHEALTH CONSULTATION with Dr. Zelinger

- I understand that my health care provider is offering me a telehealth consultation and that I will need to use a smart phone or webcam for that purpose. Confidentiality still applies for telepsychology services and our session will not be recorded without the consent of the other persons.
- My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
- I understand that a telehealth consultation has potential benefits including easier access and continuity of care and the convenience of meeting from a location of my choosing. It is important to use a secure internet connection and to have a quiet, private space that is free of distractions.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY ZOOM SERVICE

Telehealth by Zoom is the technology service we will use to conduct telehealth video-conferencing appointments. It is simple to use and there are no passwords required to log in.

By signing this document, I acknowledge:

- Telehealth by Zoom is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
- Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Zoom nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services. A safety plan will include at least one emergency contact and the closest emergency room in the event of a crisis situation.
- The Telehealth by Zoom Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- I do not assume that my provider has access to any or all of the technical information in the Telehealth by Zoom Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by Zoom Service. As a backup plan, I will provide a phone number where I can be reached if technical problems require that a session be restarted.
- To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
- It is important to be on time. If I need to cancel or change a telehealth appointment, I will notify Dr. Zelinger in advance by phone or email.
- I will be responsible for checking with my insurance company whether video sessions will be reimbursed. In any event, I understand that I am responsible for full payment to Dr. Zelinger.
- Children need the permission of their legal guardian in order to participate in a telepsychology session.

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.

*As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in person.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

NAME _____ SIGNATURE _____ DATE _____

Please fax this form to (516) 295-0993 or email form to your provider:

Dr. Fred Zelinger at FZelinger@gmail.com
Dr Fred Zelinger phone (516) 374-7501

Dr. Laurie Zelinger at DrZelinger@gmail.com
Dr. Laurie Zelinger phone (516) 295-0993

Dr. Fred Zelinger _____

Dr. Laurie Zelinger _____