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Telehealth Consent Form

Telehealth is a way to visit with healthcare providers. You can talk to your provider from any place, including your home. You don't need to go to a clinic or hospital. You talk to your provider by phone, computer, or tablet. You may also include video so that you and your provider can see each other.

Will my telehealth visit be private?

We use telehealth technology that is designed to protect your privacy. Your visit with your provider will never be recorded. If people are close to you, they may hear something you did not want them to know. If you use the internet for telehealth, use a network this is private and secure. There is a very small chance that someone could use technology to hear or see your telehealth visit.

You may stop using telehealth any time, even during a telehealth visit. If you decide you do not want to use telehealth again, call our office at 508-485-4856 and say you want to stop. Once we have confirmed receipt of your message, your permission for telehealth services will be revoked.

Your cost for telehealth will depend on your insurance benefits and is generally the same as an office visit.

1. I hereby authorize New England Psychological Services, LLC to use the telehealth practice platform for telecommunication for evaluating, testing and diagnosing my medical condition.
2. I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
3. I accept that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. I understand that my current insurance determines coverage and I am responsible for any charges my insurer deems my responsibility.
5. I agree that my telehealth communication is private and will be used for purposes for which I have given consent.
6. My signature below indicates that I have read and understand this information.

Enter your full name

I agree to terms and conditions

Today's Date

Click arrow to left of box for calendar