Samantha LeCointre, Counseling Intern

supervised by Carrie Gardner, MA, LPC

737 Dunn Road

Hazelwood, MO 63042

(314) 246-9083

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that Samantha LeCointre invited me to engage in a telehealth consultation.
2. Samantha LeCointre 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/Samantha LeCointre visit due to the fact that I will not be in the same room as she.
3. I understand that a telehealth consultation 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. I understand that Samantha LeCointre or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with Samantha LeCointre, during which I had the opportunity to ask questions in regard to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.

CONSENT TO USE TELEHEALTH OPTION

Telehealth through Doxy.me is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though Samantha LeCointre and I may be in direct, virtual contact through this Telehealth Service, neither provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that Samantha LeCointre has access to any or all of the technical information in the Telehealth by Doxy.me – or that such information is current, accurate or up-to-date. I will not rely on Samantha LeCointre to have any of this information in the Telehealth by Doxy.me.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

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.

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

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Signature Date

Email to : [Samantha.LeCointre@gmail.com](mailto:Samantha.LeCointre@gmail.com) Address: 737 Dunn Road Hazelwood MO 63042

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