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Consent for Telemedicine

I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.

I understand that the telemedicine visit will be done through a two-way video. The healthcare provider will be able to see my image on the screen and hear my voice. I will be able to hear and see the health care provider as well.

I understand that the laws protecting privacy and confidentiality (HIPPA) also apply to telemedicine.

I understand that email correspondence must take place to arrange telemedicine services.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without effect my right to future care.

I understand that email correspondence must take place to arrange telemedicine services.

I understand that no recording shall take place, from both the psychologist and client.

I understand that by signing this form that I am consenting to receive psychological services via telemedicine.