

Royce B. Garvin, Ph.D.
Licensed Psychologist PSY 9077

Permission for Telehealth Visits

Telehealth is a way to visit with healthcare providers. You can talk to your provider from any place, including your home. You talk to your provider by phone, computer, or tablet. Most of the time, video meetings are conducted.

Some potential issues

- We won't be in the same room, so it may feel different than an office visit.
- I may make a mistake because I cannot examine you as closely as at an office visit. (It isn't known if mistakes are more common with telehealth visits.)
- Technical problems may interrupt or stop your visit before you are done.

Privacy Issues

- I will not record our meetings.
- If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you.
- I use telehealth technology that is designed to protect your privacy.
- If you use the internet for telehealth, use a network that is private and secure. There is a very small chance that someone could use technology to hear or see your telehealth visit; but it is impossible to guarantee complete security with the internet.

Using video conferencing and phone

Almost all of my visits are conducted via telehealth. You can stop using a telehealth visit at any time, even during a meeting. Telehealth visits are billed at the same level as an office visit, and my standard practice policies (notice of cancellation, fees, etc.) apply.

Please keep a phone handy during our Telehealth meetings in case our connection experiences technical difficulties. You understand that Telehealth may not be appropriate if you are experiencing a crisis, having suicidal/homicidal thoughts, severe addiction issues or impulse regulation difficulties. If a life-threatening crisis occurs, you agree to contact the National Suicide Hotline at 800-784-2433, call 911, or go to the nearest hospital emergency room. Please be aware that if a crisis develops, I will also help you locate immediate care.

Let me know if you have any questions or concerns about using telehealth, and we can discuss these. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Your name (please print) _____

Your signature _____

Date: _____