## Jean Fain, LICSW, MSW

**9 Damonmill Square, Suite #3E**

**Concord, MA 01742**

**(978) 505-7333**

# **INFORMED CONSENT: TELEHEALTH SESSIONS**

1. I authorize Jean Fain to meet with me via a secure online video-conference service platform.
2. I understand that telehealth sessions have potential benefits, including continuity of care, and the convenience of meeting from a location of my choosing.
3. I understand that telehealth sessions pose certain risks, from technical difficulties to privacy breaches.
4. I understand that the on-line sessions are *not* to be recorded by either Jean Fain or me.
5. I understand the importance of a quiet, private room without interruption or distraction.
6. I understand that the limitations to confidentiality outlined in our original Letter of Agreement apply to video sessions. (To review the Letter of Agreement, go to <www.jeanfain/contact.html>).
7. I’ve weighed the benefits and risks of video sessions, and I consent to participate in telehealth sessions.
8. My consent to participate in video sessions shall remain in effect until I modify or revoke it.
9. I’ve had the opportunity to ask questions and express concerns, and if more arise, Jean Fain has encouraged me to bring them to her attention.
10. I confirm that I have read and fully understand the above.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Signature: |  |  |
| Date: |  |  |