

# **Dr. Roberta L. Marowitz, LMFT**

COUNSELING & RELATIONSHIP INSTITUTE

237 Lookout Place, Maitland, FL 32751

Phone: (407) 865-3855

Fax: (321) 203-2512

## **Informed Consent Checklist for Behavioral TeleHealth**

Prior to starting behavioral telehealth services, we discussed and agreed to the following:

- There are potential benefits and risks of telehealth (e.g. limits to client confidentiality) that differ from in-person sessions.
- Confidentiality still applies for behavioral telehealth services, and no one will record the session without the permission from the other person(s).
- I (we) agree to the telehealth platform selected and its usage.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- As your therapist, I may determine that due to certain circumstances, behavioral telehealth is no longer appropriate and that we should resume our session in-person.

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date