

The Anxiety and Stress Disorders Institute of Maryland, LLP

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Telehealth Addendum

Patient's Name _____ Date of Birth _____

This addendum is provided to share information about telehealth services and obtain your consent for utilizing them. Telehealth services are services that are provided using communications technology rather than in person. Each provider uses their own preferred means telehealth technology. You are not required to consent to telehealth services in order to receive services at ASDI.

1. **Benefits:** Telehealth services enable you to continue to receive services when transportation, distance, illness, or public health concerns make in-person appointments impractical.
2. **Risks:** Research on telehealth is evolving so the differences between in-person and telehealth visits are not fully known. Although all of our providers aim to maintain confidentiality, security breaches may occur just as with any other technology.
3. **Privacy:** Privacy limitations of your location (e.g. someone walks into the room you are in), distractions in your environment, and service disruptions may occur. Should an interruption occur, you and your therapist should call each other by telephone to communicate. You agree to ensure that you have a quiet, distraction-free environment, a secure working electronic device, and internet service in order to agree to telehealth services. You agree to inform your clinician and obtain agreement to continue session if someone walks into the room or should you desire to record any part of session.
4. **Safety:** Although rare events, emergencies do occur. Your clinician needs to be able to know your physical location in the event of an emergency. You also must authorize your provider to share clinical information with at least one person who can assist in the case of an emergency. By writing their names on this form, you consent to release of your information in case of an emergency.
5. **Billing:** As with in person sessions, you are responsible for paying for sessions at the time of service, unless your provider is a Medicare provider. Many health insurance providers will reimburse telehealth services; however, this is not the case for all providers. You agree to be responsible for clarifying your insurance benefits prior to session.

Emergency contact 1: (name/phone number): _____

Emergency contact 2: (name/phone number): _____

I understand and agree to abide by these ASDI telehealth policies. I will ask my therapist about any remaining questions I may have, (e.g., what to expect from therapy, scheduling, special arrangements, etc.).

Patient/Guardian Signature _____ Date _____

Printed name _____