

OAK CREEK RELATIONAL COUNSELING CENTER

Telehealth Visit Release Form

What is telehealth?

Telehealth is a way to visit healthcare providers, such as your therapist.

You can talk to your provider from any place, including your home.

How do I use telehealth?

- You talk to your provider by phone, computer, or tablet.
- Typically, you use video so you and your provider can see each other.

How does telehealth help me?

- You don't have to go to a clinic to see your provider
- You won't risk getting sick from other people.

Can telehealth be bad for me?

- You and your provider won't be in the same room, so it may feel different than an office visit.
- Your provider may decide you still need an office visit.
- Technical problems may interrupt or stop your visit before you are done.

Will my telehealth visit be private?

- 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.
- Your provider will tell you if someone else from their office can hear or see you.
- We 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 an exceedingly small chance that someone could use technology to hear or see your telehealth visit.

What if I want an office visit, not a telehealth visit?

Just ask your therapist, they will then work on setting up an office visit.

What if I try telehealth and do not like it?

- You can stop using telehealth any time, even during the telehealth visit.
- Ask for an office visit.
- If you decide you do not want to use telehealth just call (408) 320 5740

How much does a telehealth visit cost?

A telehealth visit will not cost any more than an office visit.

Do I have to sign this document?

No. Only sign this document if you want to use telehealth.

What does it mean if I sign this document?

If you sign this document, you agree that:

- You understand the information in this document.
- We answered all your questions.
- You want a telehealth visit.

If you sign this document, we will give you a copy if you request it.

Your name (please print)

Date

Your signature

Date