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**CONSENT FOR TELEHEALTH CONSULTATION**

- 1 I understand that my health care provider wishes me to engage in a telehealth consultation.
- 2 My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
- 3 I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
- 4 I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- 5 Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
- 6 Telehealth via Zoom facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- 7 To maintain confidentiality, I will NOT share my telehealth appointment link with anyone unauthorized to attend the appointment.

BY INITIALING BELOW I AM AGREEING THAT I HAVE READ,  
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS  
DOCUMENT.

\_\_\_\_\_ INITIAL TO CONSENT

\_\_\_\_\_ NAME OF CLIENT

\_\_\_\_\_ YOUR RELATIONSHIP TO CLIENT