

# Nike F. Carli, LCSW-R

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## TELEHEALTH AUTHORIZATION

### 1. Telehealth Counseling

Telehealth counseling allows therapists, clinicians and specialists to provide a diagnosis, consultation and treatment using videoconference technology via telephone or computer.

### 2. Purpose

The purpose of the Telehealth Counseling Consent Form is to get permissions from patients in order to participate into telehealth counseling services.

### 3. Confidentiality

Medical and personal information of patients are protected by state and federal laws.

### 4. Risks and Benefits

Telehealth counseling aims to provide a complete treatment to patients. It is considered and supported by researches that online counseling is an effective way in treatment of various disorders, personal issues and problems. However, there is no guarantee that counseling will be effective for patients.

### 5. Payment

Patients agree that they are responsible for paying any additional cost or payment that their insurance providers do not cover.

### 6. Rights

Patients can withdraw and withhold this consent at any time and they can end the treatment any time they would like to. Any action of patients will not affect the future treatment of or accessibility to counseling services.

### 7. Consent

By signing this form, I agree that I know and understand the information above. My questions were answered completely during the discussion with the therapist. I hereby give my consent to participate into telehealth counseling services provided by Nike Carli, LCSW-R.

I, \_\_\_\_\_, have read this notice and I authorize

Nike F. Carli, LCSW-R to provide treatment using Telehealth.

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Please Print Name

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Signature

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Signature of Parent or Guardian

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Date