Amy Robinson Ikelheimer, PhD
Integrated Health and Healing

CONSENT TO PARTICIPATE IN TELEMEDICINE

1. I understand that telemedicine is inherently different from traditional medicine; all sessions will occur remotely via live video-teleconference.
2. I am familiar with or learning the technology required for conducting telemedicine sessions from home.
3. I understand that there may be technical limitations associated with receiving treatment via telemedicine; equipment may fail and my doctor may determine at any time that the quality of the connection is not sufficient to continue.
4. I understand the Scheduling and No-Show Policy as outlined for Integrated Health and Healing.
5. I agree to conduct all telemedicine sessions with Integrated Health and Healing from within the State of Colorado.
6. I understand that the security of communication via the internet, including email and video-teleconferencing, may be compromised by malicious or directed investigation.
7. I understand that under conditions which my provider considers to be emergent, police or 911 may be called to conduct a welfare or safety check.
8. I understand the risks and benefits of receiving treatment via home-based telemedicine and I understand my alternatives, which may include traditional outpatient psychotherapy.
9. I have read this document carefully and I hereby consent to participate in telemedicine.

_____

SIGNED DATE

_____

PRINT NAME DATE OF BIRTH