

Informed Consent for Dorm Room Counseling LLC

By requesting a teletherapy consultation, you are requesting to enter into a therapist/patient relationship with a therapist who is independently contracted with Dorm Room Counseling LLC, (DRC) to participate as a Network Therapist. The consulting Network Therapist shall be the actual provider of the professional counseling services to you. While DRC provides certain technology and administrative services to you and the Network Therapist, DRC does not itself provide the professional therapeutic services to you. Therefore, you agree to pay DRC on behalf of the Network Therapist for the teletherapy at the time they are requested.

You agree to the entry of your medical records into the DRC computer database that is maintained by DRC for the Network Therapist and understand that reasonable measures have been taken to safeguard your medical information, in accordance with federal HIPAA standards, but no computer or phone system is totally secure. DRC recognizes your privacy and, in accordance with our Privacy Policy, will not release information to anyone without your written authorization or as required by law, or in accordance with your health insurer's privacy policy if applicable.

You acknowledge that Network Physicians will not prescribe any Drug Enforcement Agency controlled substances nor do they guarantee that a prescription will be issued. There is no guarantee that you will be treated as a patient by a Network Therapist if, for example, a Network Therapist determines that your difficulties / condition cannot be properly treated by him/her.

If you are treated by a Network Therapist, you have a right to your medical records in accordance with applicable law.

Expected Benefits:

- Improved access to care by enabling a student to remain in his/her local site (e.g., home, college dorm room) while the therapist consults from a distant site.
- More efficient therapeutic evaluation and management.

Possible Risks with teletherapy are:

- The video connection may not work or it may stop during the meeting
- The video may not be clear

You acknowledge that you understand and agree with the following:

I understand that the laws that protect privacy and the confidentiality of medical and mental health information also apply to teletherapy and that no information obtained through the use of teletherapy, which identifies me, will be disclosed to researchers or other entities without my written consent.

1. I understand that I have the right to withhold or withdraw my consent to the use of teletherapy in the course of my care at any time, without affecting my right to future care or treatment.
2. I understand the alternatives to teletherapy consultation as they have been explained to me.
3. I understand that teletherapy may involve electronic communication of my personal medical or mental health information to medical practitioners who may be located in other areas, including out of state only with your consent.

4. I understand that I may expect the anticipated benefits from the use of teletherapy in my care, but that no results can be guaranteed or assured.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.. The above mentioned person will also maintain confidentiality of the information obtained.

Patient Consent To The Use of Telehealth and/or Telemedicine

I have read this Informed Consent form carefully (or have had it read carefully to me), and I understand the information provided in it. I understand the risks and benefits of teletherapy and that I will have the opportunity to ask any questions I may have regarding it with the consulting therapist at the onset of and during my consultation, and I can end the consultation at any time should any of my questions not be answered to my satisfaction.

I hereby give my informed consent to participate in a teletherapy visit under the terms described in this consent form.

By clicking 'Sign up', I hereby state that I have read this Informed Consent form carefully (or have had it read carefully to me), I agree to its terms, and wish to proceed with my consultation.

(Rev.12.14.15)