

**Nancy Taylor Kemp, PhD PC**

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**Authorization to Receive Protected and Confidential Health Interventions through Telemedicine**

Client Name: \_\_\_\_\_

I understand that telemedicine (real-time audio/video teleconference session) is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when that person is located at a different site than the provider. There are special platforms online that provide videoconferencing in a secure and encrypted manner, so no record of the session is created. I understand that the electronic platform must meet HIPAA and HITECH legal guidelines protecting my health information, which precludes telemedicine via Skype, FaceTime, or other non-HIPAA compliant providers. I understand that with Telemedicine I carry responsibility to ensure that my equipment is up to date and using the most current software to avoid systems problems that might interrupt the quality of a telemedicine session.

I understand that the all laws that protect privacy and the confidentiality of personal health information also apply to telemedicine. This includes psychotherapist-patient privilege. I understand that to receive services by telemedicine I must ensure that my connection is confidential and secure. This includes:

- 1) An internet connection is that is secure, which usually means password protected
- 2) A device that is not able to be accessed by another during the telemedicine visit
- 3) A device that is not recording any portion of the telemedicine visit
- 4) That my location is private, meaning that no one will be able to listen to or see the telemedicine visit
- 5) All other programs and internet pages are closed on my device prior to the start of the telemedicine visit
- 6) All operating system (Windows, MAC, iOS, Android) and browser (Chrome, Safari, or Firefox) software updates must be installed prior to a telehealth session.

I understand that my insurance will be billed for a telemedicine visit, similar to an in-office visit. I will be responsible for any copayment, deductible, or coinsurance that apply to a telemedicine visit. I may use the phone number on the back of my insurance card to inquire if my particular policy will cover telemedicine visits. I understand that if I am out-of-state my provider can only offer telemedicine if it is allowed by law where I am at the time.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I can revoke my consent orally or in writing at any time by contacting Nancy Taylor Kemp’s office. As long as this consent is in force (has not been revoked) my health care provider may offer health care services to me via telemedicine without the need for me to sign another consent form.

I understand that Nancy Taylor Kemp, PhD PC may contact me in specific situations (e.g., if I am temporarily not able to attend a face to face session) through a secure, HIPAA compliant electronic platform. I understand that my provider will schedule a practice 10 minute session with me to ensure the equipment is functional for telemedicine.

I hereby consent to Nancy Taylor Kemp, PhD PC providing healthcare services to me via telemedicine.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_