

Doorways, LLC

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TELEHEALTH CONSENT FORM

Client name: _____

DOB: _____

I am authorizing Doorways, LLC and its Providers to facilitate my counseling, psychiatric and dietary sessions through a telecommunications application software product that specializes in providing video chat and voice calls between computers, tablets, mobile devices, etc. via the internet and through regular telephone. The current software that is utilized is the software application Doxy.me.

Doorways does not guarantee the privacy or security of any session being conducted over the internet. There is potential that videoconferencing sessions could be intercepted by others. I understand that communicating via the internet is not 100% secure. Technology may also cause sessions to be disrupted.

Confidentiality should be treated like an in-office session. For best Doxy.me picture and audio quality, a hardwired connection rather than a wireless one should be used (if possible). Headphones will add additional security.

For more information about Doxy.me security and privacy, please visit:

<https://doxy.me/privacy-policy>

Please note the telehealth instructions and invitation link are not automatically sent to the client/guardian prior to each scheduled session. Doorways will send the client/guardian the telehealth instructions and link **one time**, and it is the responsibility of the client/guardian to save the information for visits thereafter. Additionally, if you see multiple providers at Doorways, each will have their own invitation link.

Please be online for your appointment at least five minutes prior to session, alone, in a quiet room with the door closed. You will be contacted by your Provider at your scheduled appointment time. If you have technical difficulties, please contact Doorways at 602.997.2880 for assistance.

The online sessions are not to take place of regular in-office sessions but are being utilized when regular office sessions cannot be scheduled, and the provider and client deem the session necessary. In a crisis or emergency, contact 911 or go to the nearest emergency crisis center/hospital.

It is your responsibility to know your insurance coverage. Telehealth sessions might not be covered through your specific insurance policy. Please note that possession of your insurance card does not guarantee eligibility of benefits.

By signing this document, I am indicating that I have read, understand, and agree to all the above.

Client Name (print)

Client signature (If 18+)

Date

Parent/Guardian Name (print) (If minor) Parent/Guardian Signature

Date