

Cherie Baetz-Davis, Ph.D., LLC
Compassionate Psychological Care

TELEHEALTH/TELEMENTAL HEALTH SERVICES & CONSENT

Client Name: _____ DOB: _____

Telemental Health refers to the providing of mental health health assessment, on-going treatment, monitoring and/or collaboration from a distance. Appointments are scheduled the same as if you were coming to my office. On the day/time of the appointment you will receive an e-mail prompting you to log in to a secure website allowing us to have a face-to-face session. Prior to the initial appointment, the Intake, Billing, Confidentiality, and Office Policy Forms will be accessed through my website "Appointment Page" (www.mydrcherie.com), e-mailed, or mailed. All forms must be completed and returned 24 hours prior to the initial appointment.

As with an office appointment our meeting will be private and free from interruptions. I request you be in a quiet, private area of your home or office so we may speak freely and not be overheard by others outside the room. If during the course of our appointment we encounter technical difficulties I will place a call to the phone number on file, allowing us to troubleshoot the problem.

A confidential record will be kept in the same manner as I keep records for in-office appointments. This information is only accessible to others if you sign a specific release form granting permission. Any release forms must be returned by standard mail so I have an original signature on file.

If you choose to utilize insurance, you need to send a copy the front and back of your insurance card to keep on file for billing purposes. You are responsible for any deductible or co-pay/co-insurance amount. Payment of these amounts is due at the time of the appointment. It is easiest to keep a credit card on file which will be billed at the end of the appointment. Though you may also pay through PayPal on my website, use your bank online bill pay, or send a check/money-order prior to the appointment.

- I understand that telemental health is the use of electronic information/communication technologies by a mental health provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Cherie Baetz-Davis, Ph.D., to provide mental health services to me via telemental health.
- I understand that the laws that protect privacy and confidentiality of medical information also apply to telemental health. I also understand that my insurance carrier will have access to my medical record for quality review/audit.
- I understand that I will be responsible for any fees that apply to my telemental health visit. This includes all out of pocket expenses which may include the full session fee, your deductible, or the copay/coinsurance amount.
- I understand that I have the right to withhold or withdraw my consent to the use of telemental health in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Cherie Baetz-Davis, Ph.D. at 314-989-9449 ex 1. As long as this consent is in force Cherie Baetz-Davis, Ph.D. may provide mental health care services to me via telemental health without the need for me to sign another consent form.

Signature of Client OR Parent/Guardian

Date