

## Today's World Consultants, LLC

### Consent Telehealth Consultation

1. I understand that the use of Telehealth at this time is needed ~~is~~ out of necessity and an abundance of caution and has originated due to the Coronavirus (Covid-19) pandemic. This will continue until such time that we are able to meet in person, or could continue, depending on the particular circumstance.
2. I understand that telehealth treatment has potential benefits including, but not limited to, easier access to care.
3. I understand that telehealth has been found to be effective in treating a wide range of disorders, and there are potential benefits including, but not limited to easier access to care. I understand; however, there is no guarantee that all treatment of all patients will be effective.
4. I understand that it is my obligation to notify Dr. Pechenik of my location at the beginning of each treatment session. If for some reason, I change locations during the session, it is my obligation to notify Dr. Pechenik of the change in location.
5. I understand that it is my obligation to notify Dr. Pechenik of any other persons in the location, either on or off camera and who can hear or see the session. I understand that I am responsible to ensure privacy at my location. I will notify Dr. Pechenik at the outset of each session and am aware that confidential information may be discussed.
6. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.
7. I agree that I will not record either through audio or video any of the session, unless I notify Dr. Pechenik and this is agreed upon.
8. I understand there are potential risks to using telehealth technology, including but not limited to, interruptions, unauthorized access, and technical difficulties. I understand some of these technological challenges include issues with software, hardware, and internet connection which may result in interruption.

9. I understand that Dr. Pechenik is not responsible for any technological problems of which Dr. Pechenik has no control over. I further understand that Dr. Pechenik does not guarantee that technology will be available or work as expected.
10. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone, and in my own location.
11. I understand that Dr. Pechenik or I (or, if applicable, my guardian or conservator), can discontinue the telehealth consult/visit if it is determined by either me or Dr. Pechenik that the videoconferencing connections or protections are not adequate for the situation.
12. I have had a conversation with Dr. Pechenik during which time I have had the opportunity to ask questions concerning services via telehealth. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me.
13. Doxy is the technology service we will use to conduct telehealth videoconferencing appointments. Prior to each session, I will receive an email link to enter the "waiting room" until the session begins. There are no passwords or log in required.

**By signing this document, I acknowledge:**

1. Telehealth Service is NOT an emergency service. In the event of an emergency, I will use a phone to call 9-1-1 and/or other appropriate emergency contact.
2. I recognize Dr. Pechenik may need to notify emergency personnel in the event ~~he~~/she feels there is a safety concern, including but not limited to, a risk to self/others or that immediate medical attention is needed.
3. I understand should medical services be required, I will contact my physician. If emergency services are needed, I understand I should call 9-1-1.
4. The Doxy Telehealth service facilitates videoconferencing and this technology platform is not, itself, a source of healthcare, medical advice, or care.
5. I understand that the same fee rates apply for telehealth as apply for in-person treatment. Some insurers are waiving co-pays during this time. It is my obligation to contact my insurer before engaging in telehealth to determine if there are applicable co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telehealth sessions. I understand that if my insurance, HMO, third-party payor, or other

managed care provider do not cover the telehealth sessions, I will be solely responsible for the entire fee of the session.

During these times of the impact of Coronavirus (Covid-19) Dr. Pechenik may not have access to all of my medical/treatment records.

6. To maintain confidentiality, I will not share my telehealth appointment link or information with anyone not authorized to attend the session.
7. I understand that either I or Dr. Pechenik can discontinue the telehealth services if those services do not appear to benefit me therapeutically or for other reasons which will be explained to me. I understand there may be no other treatment alternative available.

I have read and understand the information provided above regarding telehealth, have discussed it with Dr. Pechenik, and I hereby give informed consent to the use of telehealth.

\_\_\_\_\_  
Signature of patient (or guardian/conservator)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date