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### **Telemedicine Authorization and Consent Form**

Purpose and benefits. The purpose of this format is to use telemedicine (electronic communication) to enable clients to access therapy without the need to travel, Signing this form indicates your understanding of and consent to engage in telemedicine (video chat or telephone therapy) with Marc Gilmartin, MA as a venue of psychotherapy treatment.

All existing laws regarding your access to medical information and copies of your medical records apply to teletherapy sessions. Additionally, dissemination of any client information (from the telemedicine interaction to other entities) shall not occur without your consent, unless authorized under existing confidentiality laws.

Information and rights with respect to telemedicine

- (1) Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the teletherapy session. All existing confidentiality protections under federal and Washington state law apply to information disclosed during this telemedicine session. The platform for telemedicine is encrypted and HIPPA compliant.
- (2) There are exceptions to confidentiality including, but not limited to:
  - Reporting child, elder, and dependent adult abuse
  - Expressed threats of violence towards yourself or an identifiable victim(s)
  - Where you make your mental or emotional state an issue in a legal proceeding,
  - If you report that you have viewed any child pornography

You can review the Notice of Privacy Practices and the Office Policy documents provided to you at the beginning of therapy or on my website for more details about confidentiality and how your protected health information (PHI) is handled.

- (3) Like face-to-face therapy, there are risks and consequences from telemedicine. These may include, but are not limited to, the possibility (despite reasonable efforts on the part of your therapist) that; the transmission of your medical information could be disrupted or distorted by technical failures. The transmission of your medical information could be interrupted by unauthorized persons. The electronic storage of your medical information could be accessed by unauthorized persons. Also, misunderstandings can more easily occur.
- (4) These services may not be covered by insurance. For purposes of insurance reimbursement, these services will be coded as "telemedicine" and it is your responsibility to learn whether your insurance company reimburses for telemedicine for an out of network provider.

#### **Marc Gilmartin M.A.'s practices regarding telemedicine**

When I provide video therapy sessions, I will send you an email with the link to the HIPPA compliant and secure video platform that we will use. The email will include the date and time of the session. I will call you from a quiet, private

location where I am the only person in the room. I will be dressed professionally in the same manner I would if I was greeting you in my office.

The teletherapy session will be similar to a routine office visit, except interactive video technology will allow you to communicate with the therapist at a distance. At first, you may find it difficult or uncomfortable to communicate using video images. The use of video technology to delivery healthcare services is a new technology and may not be equivalent to direct client-to-therapist contact. If the connection is poor, the session may be switched to a phone session if that is agreed upon by both parties.

If we lose the connection during our session, I will end the meeting and attempt to restart it so that you can rejoin the meeting. If I am unable to restart the video session, I will call you at the mobile number I have on file. If you do not answer, I will leave a message. If I cannot reach you, I will remain available for you to call me during the entire course of your scheduled session. Should you contact me back and there is time left in your session, we will continue by designated video or phone.

### **Your responsibilities regarding telemedicine**

Please do:

- make yourself available at our scheduled time and be prepared to participate in the session
- be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. Every effort must be made on your part to protect your confidentiality
- dress as you would if you were coming to my office. Please wear clothes to telemedicine sessions that you would wear outside of your home Additionally:
- do not drink alcohol or consume THC (cannabis) or other recreational substances during our calls and do not be under the influence of these substances (prescribed medications and medical cannabis are exceptions)
- do not wear pajamas, a bathrobe or have on little or no clothing
- do not record, take screenshots or screen capture of any kind during our session

Payment for services and scheduling future appointments will be made at the beginning of each session. I will be following the same 24-hour cancellation policy as described in my Office Policy.

Rights. You may withhold or withdraw consent to the teletherapy session at any time without affecting your right of future care or treatment. You have the option to meet with the therapist in person if that is preferred and there are not state, legal or medical constraints that would make that not possible.

Financial agreement. You will be responsible for paying the cost of the teletherapy session. A monthly statement will be provided to you that you can use to seek reimbursement from your insurance if you have an out-of-network benefit and your insurance covers telemedicine.

I have been advised of the potential risks, consequences and benefits of teletherapy. My provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all my questions have been answered. I understand the written information provided above.

Signature Date: \_\_\_\_\_

Email you would like the Telemedicine invitation to: \_\_\_\_\_