Kimberly Knowlton-Young, LICSW
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Private Practice Policies Regarding Telehealth

TELEHEALTH / TELEMEDICINE
I understand that telehealth (or telemedicine) is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when they are located at a different site than the provider; and hereby consent to Kimberly Knowlton-Young, LICSW to provide psychotherapy services to me via telehealth.

I understand that:
(a) Services and procedures that are not covered in a face-to-face setting under my insurance are not covered under telehealth.
(b) Services delivered via audio-only telephone, facsimile, or electronic mail messages are not considered telehealth and are not covered.
(c) Kim will determine whether the conditions being diagnosed and/or treated are appropriate for a telemedicine encounter.
(d) The federal and state laws that protect privacy and the confidentiality of medical information also apply to telehealth psychotherapy.
(e) Kim will contact me through a video portal that is HIPAA-compliant for security, but that there are no absolute guarantees that such technological boundaries cannot be broached or that information will not be lost during technological failures.
(f) Costs for psychotherapy provided via telehealth may be covered by insurances when the client receiving those services is located in a state in which the therapist holds a current license to practice and that Kim is currently licensed in Vermont and New Hampshire only.
(g) I will be responsible for any copayments or coinsurances that apply to my telemedicine visit or will be paying Kim’s fee in full if coverage is not available.
(h) 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) I may revoke my consent orally or in writing at any time by contacting Kim. As long as this consent is in force (has not been revoked) Kim may provide health care services to me via telemedicine without the need for me to sign another consent form.

Client Signature____Date______________________

Please Print full name____

Therapist Signature____Date____________________

Updated July 2020