Mark W. Wilson, MD
Executive Medical Director
Center for Wise Mind Living
Wise Mind Living Psychiatry
250 W54th Street, Suite 406
New York, New York 10019

CONSENT FOR TELEHEALTH (VIDEO) CONSULTATION

1. I understand that Dr. Wilson is able to engage in telehealth consultation(s)/session(s).
2. I understand that the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/healthcare provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand Dr. Wilson or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that under no conditions will Dr. Wilson ever photograph, screen shot, record video or audio, or allow any other person to view or listen to any aspect of telehealth sessions in any way.
6. I have been made aware I can have a direct conversation with Dr. Wilson, during which I have the opportunity to ask questions in regard to this procedure.
7. I understand that, at the start of a first visit/evaluation, I or the caregiver of a youth client will be asked to show identification to assure proper identity.
8. I understand I will be asked where I am located for the telehealth appointment at the start of each telehealth appointment.
9. I understand that if I would rather meet in person, I can discuss this with Dr. Wilson.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).

SIGNATURE OF CLIENT (if 18 yo or older): **X**_____

Name of **CLIENT** (if 18 yo or older): _____

SIGNATURE OF CAREGIVER (if under 18 yo): **X**_____

Name of **CAREGIVER** (if under 18 yo): _____

Date: / /