

**Robin Erickson, Ph.D., Inc.**

**Consent for Telehealth**

**I acknowledge that I have read and reviewed the information regarding the pros and cons of Telehealth on Dr. Robin Erickson’s website. The most notable disadvantages are the technical glitches that sometimes occur, such as inconsistent internet connection and strength with the video platform. Frozen screens, echoing, low resolution and dropped calls.**

**Dr. Robin Erickson has given me opportunities to ask questions, and the ability to revoke this consent at any time and ask to be referred to a provider that is working in office. Dr. Robin Erickson has also advised me phone sessions, email sessions or chat sessions are also available if I am not comfortable with the video sessions or do not have internet or computer access.**

**I acknowledge Telehealth is not to be used for suicidal individuals or those with severe mental health who are in the midst of a major crisis that requires more intensive intervention. I understand in the midst of a crisis such as these, I may be referred to a more suitable modality of care.**

**I acknowledge the nature, duration, how the platform works, risks and benefits of telehealth and aware they are featured on Dr. Robin Erickson’s website at all times. Additionally, I acknowledge that fees, possible insurance changes/coverage after COVID-19 are subject to change.**

**I agree to conduct my Telehealth session professionally, as if I were in the office, and will do my best to protect the confidentiality of the session from those around me when I am signed into the platform from other locations.**

**Client #1-Signature: \_\_\_\_\_ Client #2 (couple)\_\_\_\_\_**

**Therapist’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_**  
**Robin Erickson, Ph.D.**

**Send form back by email to: [counseling@robinerickson.com](mailto:counseling@robinerickson.com)  
OR Fax back to: 561-459-1866.**