

**I understand** that by receiving a 10 minute complimentary consultation with a clinician, I am not initiating treatment with Psych Med Confidential.

**I understand** this consultation is used to learn more about the practice and no clinical information will be discussed.

**I understand** that if I choose to initiate treatment with Psych Med Confidential, it will be independent of my 10 minute complimentary consultation and will follow standard procedures of the practice.

By checking this box and typing my name below, I am electronically signing this form.

Printed Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

- 1. I hereby authorize** Psych Med Confidential to use the telehealth practice platform for telecommunication for evaluating, testing and diagnosing my medical condition.
- 2. I understand** that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
- 3. I accept** that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
- 4. I understand** that Psych Med Confidential takes pride in offering an extremely high level of service. We also guarantee that if you need an urgent appointment, we will make the time. In order to provide such a high degree of professional service, we have chosen to opt out of participation in health insurance plans. The good news is that you can still be reimbursed for our services. We will provide you insurance-friendly printouts – all you have to do is put them into an envelope – and you will receive direct reimbursement from your health insurance company.
- 5. I agree** that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.

By checking this box and typing my name below, I am electronically signing this form.

Printed Name(s): \_\_\_\_\_ Date: \_\_\_\_\_



Please save this file and email it to  
[GLEN@PSYCHMEDCONFIDENTIAL.COM](mailto:GLEN@PSYCHMEDCONFIDENTIAL.COM)