



Michael Murrell, Psy.D.  
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Missouri License PY 01874  
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Private Practice since 1987

### **Consent to participate in Telehealth Consultation**

1. Purpose: The purpose of this form is to obtain your consent for the telehealth consultation with Dr. Michael Murrell, licensed psychologist. The purpose of this consultation is for the diagnosis or treatment of anxiety.
2. Nature of Telehealth consultation is unique in that it involves the use of audio and/or video electronic communications to interact with you, consult with your healthcare provider, and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telehealth consultation, details of your medical history and personal health information may be discussed with other health professionals though the use of interactive video, audio and telecommunications technology.
3. Risks, Benefits and Alternatives: The benefits of telehealth include having access to mental health and medical specialists, additional information, and education without the expense and inconvenience of traveling long distances. A potential risk of telehealth is that because of your condition, additional face-to-face communication may be necessary and in rare circumstances, security measures may fail causing a breach of privacy. The alternative is face-to-face communication with the psychologist.
4. Psychological information and records that are obtained via telehealth communication are subject to the same laws and ethical codes as face-to-face contact has been in the past. Dissemination of any patient identifiable images or information from the telehealth consultation will not occur without your written consent.
5. Confidentiality protection is being maintained in accordance with the Missouri State Committee of Psychologist Ethics Code.
6. You have the right to withdraw your consent to participate in telehealth at any time that you as a client feel led to do so. You have a right to ask any relevant questions of Dr. Murrell prior to or after agreeing to sign this document.

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

I refuse to sign this document \_\_\_\_\_