

Debbie Ennis LICSW

P.O. Box 53, Barre, MA 01005
978-257-8062

Acknowledgment of Forms

I acknowledge that I, , have either received the following forms or have been given access to them. I also acknowledge that I have read them and have been given the opportunity to discuss any questions or concerns I have with anything that I have read. I further acknowledge that I have read the Telemedicine Consent statement below. (please check all that apply).

- Services Contract
- Confidentiality Policy
- HIPAA Notice of Privacy Policies
- Adult Consent Form
- Minor Consent Form

Telemedicine Consent

I understand that telemedicine sessions involve the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Debbie Ennis, LICSW providing health care services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit. I understand that 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 may revoke my consent orally or in writing at any time by contacting Debbie Ennis, LICSW at 978-257-8062.** As long as this consent is in force (has not been revoked) Debbie Ennis, LICSW may provide health care services to me via telemedicine without the need for me to sign another consent form.

By signing your initials here you are NOT AGREEING to do telemedicine services.

By signing below I acknowledge the statements above and I am in agreement with them.

Client Signature

Date

Witness Signature

Date