

John R. Lynch, Ph.D.  
Clinical Psychology

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## Patient Telehealth Informed Consent

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I understand that telemedicine is 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 John R. Lynch, Ph.D. to provide mental health services to me via the secure telemedicine platform **doxy.me**.

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 payments that apply to my telemedicine visit.

I have had an opportunity to have a direct conversation with Dr. Lynch during which I had the opportunity to ask questions in regard to this treatment modality. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

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 Dr. Lynch. As long as this consent is in force (has not been revoked), Dr. Lynch may provider health care services to me via telemedicine without the need for me to sign another consent form.

**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); and
- that I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

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*Patient's Printed Name*

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*Patient (or Authorized Representative) Signature*

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*Date*