

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

Telehealth Consent Form

Telehealth services allow for psychiatric evaluation and treatment through secure video or audio communication. I understand the following:

- Telehealth sessions will be conducted through HIPAA-compliant platforms.
- I may experience limitations in care due to technology or environment.
- I may stop telehealth at any time and request in-person care.
- I must be physically located in California during telehealth sessions.

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Signature (Typed Name):

Date: