



NEW ORLEANS CENTER FOR
MIND-BODY HEALTH

643 Magazine St, Suite 304

New Orleans, LA 70130

504-355-0509

info@nocmbh.com

Informed Consent for Telehealth Services

I hereby consent to engaging in telehealth treatment with New Orleans Center for Mind Body Health. I understand that telehealth treatment includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand the following with respect to Telehealth services:

- I have the right to be free from being the object of discrimination based on race, religion, gender or other unlawful category while receiving services.
- I have the right to be a participant in treatment decisions, to seek a second opinion, to file a complaint without retribution, and to decline services by telecommunication at any time.
- The laws that protect the confidentiality of my medical information also apply to telehealth treatment. NOCMBH's privacy practices concerning individually identifiable health information are consistent with state and federal laws and regulations. As such, I understand that the information disclosed by me during treatment is confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self or an identifiable victim. Please see our Health Information Policy for further information.
- I understand that there are risks and consequences with telehealth treatment, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- In addition, I understand that telehealth services may not yield the same results as a face to-face service.
- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means, including telephone (504) 355-0509 or email info@nocmbh.com (see individual provider information below). I understand email is not a secure means of communication.
- Follow-up appointments will be scheduled in session with the clinician or can be scheduled by contacting the office manager via office phone number or email. The office phone number will always lead to a voicemail which will be responded to in a timely manner. I agree in an emergency to seek care immediately at the nearest hospital emergency department or by calling 911.

- Clients have a right to their medical records. To obtain copies of your records or to have your records sent to a different provider complete the coordination of care and consent form found at www.nocmbh.com/patient-forms and return to your clinician or office manager. The following fees may apply to your request: Search Fee: \$25.00, Pages 1 - 25: \$1.00/page, Pages 26 - 350: \$0.50/page, Pages 351+: \$0.25/page, Max Fee: \$100.00/request
- Fees for Telehealth sessions are the same as in-person sessions. The digital payment application, Zelle, is the preferred means of payment for Telehealth sessions. Payment is expected at the time services are provided. Health insurance benefits will be applied for services when insurance is available.

I have read and understand the information provided above.

Signature of Client or Legal Guardian

Date

Client Printed Name

Clinicians

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