

Consent to Use Teleconferencing for Delivery of Behavioral Health Treatment

I, _____, consent to the use of HIPPA compliant teleconferencing technology (audio and video), or the use of telephony alone if tele-video services are not available to me, for the delivery of behavioral health services by Dwight Norwood, PhD, LCSW, LICSW, including but not limited to diagnosis and psychotherapy treatment. I understand that I do not have to agree to this, and that I may refuse treatment using this method at any time.

Signature: _____ Date: ____/____/____