3.9.20

Tom Lutz and associates

Telemedicine consent for service

This document is to ensure client and provider information regarding telemedicine therapy options. The below highlights the risks and responsibilities by each party and by signing gives consent to participate in telemedicine services through Tom Lutz and Associates.

1. I have received, reviewed, and asked any questions regarding HIAPPA
2. I understand by signing this document that I have been explained my right to:
	1. informed consent
	2. data access
	3. confidential communication
	4. your ability to amend your information
	5. how video sessions are retained
	6. authorizations to release of information
	7. accounting of disclosures
	8. purging and/or deletion schedule of records on mobile devices and audio as well as audio and visual muting to maintain privacy
	9. two factor authentication
	10. data backup
	11. storage and recovery of HIPAA requirements