



**PSYCHIATRIC AND COUNSELING SERVICES, LLC**

223 East Second Street, Suite B - Post Office Box 1613 - Tifton, Georgia 31793

Phone: (229) 339-3721 - Fax: (229) 472-9151 - [www.TiftareaPACS.com](http://www.TiftareaPACS.com) - [officestaff@TiftareaPACS.com](mailto:officestaff@TiftareaPACS.com)

1. I hereby authorize Tift Area Psychiatric and Counseling Services to use the telehealth practice platform for telecommunication for evaluating, testing and diagnosing my medical condition.
2. I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
3. I accept that the professionals can contact interactive sessions with video call.
4. I understand that my current insurance may not cover the additional fees of the telehealth practices and I may be responsible for any fee that my insurance company does not cover.
5. I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.
6. I understand that HIPAA compliance and privacy for clients are being maintained but I cannot be guaranteed privacy on my end by Tift Area Psychiatric and Counseling. I am responsible for maintaining privacy of the appointment and session on my end.
7. Clients scheduled are expected to click the link sent to them no more than 5 minutes and no later than 15 minutes ensuring the session starts on time.

- Name

First Name  Last Name

- Date

- Signature