

Telehealth Forms for Susan J. Steinberg, PhD, LLC

Patient Telehealth Information Form

Prior to telehealth services being rendered, this form must be completed. A copy will be provided to the patient/family, as well as placed into the patient's medical record. Provided information must be accurate, may be verified by the provider, and will be utilized to ensure the safety of all parties. If the treating provider determines there is a justifiable reason to break confidentiality to ensure the safety of the patient or another person due to the patient's behavior, the provider is authorized to do so. Conditions for breaking confidentiality may include, but are not limited to: if the patient is determined to be an active harm to themselves or to another, if abuse is recognized, or for a medical or behavioral emergency. If confidentiality must be broken, the treating provider will make reasonable efforts to inform the patient/parents prior to or following the disclosure, as allowed.

General Contact Information:

Patient Name: _____

Phone Number: _____

Address: _____

Best First Contact in Case of Emergency: Name _____

Phone Number: _____

Second Contact in Case of Emergency: Name _____

Phone Number: _____

Nearest Police Station: _____ Phone Number: _____

Police Station Address: _____

Nearest Hospital Emergency Room: _____

Address: _____

ER Phone Number: _____