

Junaid Hashim MD DBA Williamsville Psychiatry PLLC

CONSENT FOR TELHEALTH

(REQUIREMENT FOR TELEHEALTH SERVICES)

Telehealth Technology is currently being used by Williamsville Psychiatry PLLC to provide healthcare services throughout New York. Telehealth technology enables real-time communication between clients/patients and healthcare providers using live video conference.

_____ I **authorize** Williamsville Psychiatry PLLC to perform health care services via Telehealth, including must not limited to psychiatric medication management, psychotherapy/counseling, and other services.

OR

_____ (Initial) As of the effective date below, I **withdraw my authorization** for Williamsville Psychiatry PLLC to conduct services via telehealth, including but not limited to psychiatric medication management, psychotherapy/counseling, and other services.

Print Name of Client/Patient or Parent/Legal Representative

Signature of Client/Patient or Parent/Legal Representative

Date Effective

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