

**Lombino Counseling LLC  
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### **Informed Consent to Telehealth**

I understand that telehealth is the use of electronic information and communication technologies (such as video) by a mental health provider to deliver services to an individual when she/he is located at a different site than the provider. I consent to Lombino Counseling LLC providing mental health services to me via telehealth. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time. I may revoke my consent at any time by contacting Lombino Counseling LLC at the contact information above. As long as this consent is in force, Lombino Counseling LLC may provide mental health services to me via telehealth without the need for me to sign another consent form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_