

Ann Woodward Hines, M.A
Licensed Marriage and Family Therapist

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I am consenting to telehealth services with Ann W. Hines, LMFT,
using Zoom Pro HIPAA compliant video and voice technology.
I understand the benefits and risks of tele-healthcare.
I understand I may discuss any further questions that may arise with my provider.

Client name(s): _____

Signed _____

Check one or both: for my children _____ myself _____

Date _____