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## **Informed Consent to Participate in Telehealth Services**

## What are Telehealth services and when are they used?

Telehealth services are used when a mental health provider or the client cannot be physically present while providing services. The mental health provider will be located at a different location than the client. Telehealth services use a video camera and computer to send both voice and personal images between you and the mental health provider so not only can you talk to each other, but you can also see each other. These services have been made more available due to COVID-19 to ensure service are being received. Services will be conducted through Zoom.

## How do Telehealth Services work?

Your provider will provide you with information via email, and process of connecting via telehealth services for appointments.

I, \_\_\_\_\_\_, am consenting to telehealth services with this provider and understand that I will be informed of my diagnosis and proposed clinical treatment plan. I understand that I will be receiving health care services through interactive video and/or audioconferencing equipment. I understand that, at this time, there are no known risks involved with receiving my care in this way.

I understand that my privacy and confidentiality will be protected. I also understand that the likelihood of a video and/or audio conference being intercepted by an outsider is like the potential interception of a phone call.

I have read this document and I hereby consent to participate in receiving behavioral health services via telehealth under the terms described above. I understand this document will become a part of my medical record.

\_\_\_\_\_I agree to participate in and receive behavioral health services via telehealth.

Client Name (print)	Client Date of Birth
Signature of Client	Date/Time
Signature of Legal Representative if Client is a minor or unable to sign	Relationship
Witness Signature Date/Time	Date/Time