



TELEHEALTH CONSENT FORM

Services by electronic means, including but not limited to vide sessions, telephone communication, the Internet, facsimile machines, and e-mail can be considered telemedicine. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable. These include a minor's, right to confidentiality.
- (3) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as bruises, significant weight loss, and smelling use of alcohol or other substances. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Other potential risks are instances in which the client is potentially a danger to himself/herself or others or involved in abuse/neglect of minors or dependent/elders. In such instances, the therapist will respond in ways mandated by legal and/or ethical requirements. When possible, we will discuss the steps I need to take.

By signing below, I confirm that I have received, read, had the opportunity to ask questions, and understand services by electronic means for Emerge Therapy Services, Inc.

Client printed name

Client signature

Date