CONSENT FOR TELEHEALTH SERVICES

What are Telehealth services and when are they used?

Mental health staff may be present at another location and available to serve you through the use of technology that could take place on your phone or computer with a camera. Instead of talking on the phone at another location, Telemental health services use a video camera and computer to send both voice and personal images (pictures) between you and mental health staff so not only can you talk to each other, but you can also see each other. This allows mental health staff to make a better evaluation of your needs.

How do Telehealth services work?

You will be in a private room or your car for privacy by yourself or with a partner or family member depending on the therapy you are doing. Your therapy could be individual, couple or family. The mental health staff will also be in a private room at another location with the same type of equipment. You will be emailed a link through email or a text. You will click on this link on your phone or computer and be placed in a virtual waiting room until the therapist starts the session with both of you present. When the session is ready to begin, the provider will start the computer and camera so that you and the mental health staff can see each other and talk together. When the session is over the provider will shut off the equipment.

How is it different from a regular session with a mental health person?

Other than you and the mental health provider will not be in the same room, there is very little difference in the session. The psychologist will ask and document clinical information that you share with her, document the service provider, and ensure that the documentation is included in your clinical record for future reference.

What happens if I choose not to consent to to Telemental health services?

If you choose not to consent to Telemental health services, we will be unable to provide you with convenient and readily available services and your services will be taken off the schedule and will not happen. After signing the consent form you have the right to withhold or withdraw your consent to Telehealth services before or during any session.

My health care provider has discussed with me the information provided above. I have had the opportunity to ask questions about this information and all of my questions have been answered. I have read, understand and agree to telemedicine sessions.

Signature of Patient or Patient's Representative	Date signed	
Relationship of Representative to Patient		
Signature of Witness (required if Patient is unable to sign	Page 1 0f 2	

Refusal:	I refuse to	participate	in a Tele	health ses	ssion.
Signature	9				