

Informed Consent for Telemedicine Services

I (or my child) have been given the option to receive mental health services via telemedicine. These services may include individual therapy, family therapy, group therapy, individual skills, group skills, diagnostic assessment, case management or treatment planning, or other services. I understand that the telemedicine delivery of these services will occur via the means that I select below, provided that such means are allowed under applicable service and billing requirements:

- Two-way, interactive video-conferencing
- Two-way, interactive audio-conferencing (telephone)

I understand that my (or my child's) participation in behavioral health services provided via telemedicine is voluntary and I may refuse to participate or decide to stop participating at any time, verbally or through writing. This will be documented in my medical record.

Consistent with the responsibilities explained in People Incorporated's Notice of Privacy Practices, I understand that People Incorporated will protect the privacy and security of my (or my child's) personal information by utilizing technology that complies with applicable law and generally recognized standards. However, I also understand that receiving services via telemedicine is not the same as receiving services face-to-face, and some risks to the privacy and security of my (or my child's) personal information may exist in the telemedicine delivery of behavioral health services that do not exist in face-to-face service provision.

I agree that I (or my child) will be present for scheduled appointments and will complete paperwork or documentation required by People Incorporated for the initiation and continuation of services. I agree to inform the behavioral health provider providing services of changes in my (or my child's) mood and behavior, and of any concerns that arise during the course of treatment.

If I am providing consent for the delivery of behavioral health services via telemedicine for my child, I further agree that:

If my child named is under the age of 12, an adult, with immediate access to a telephone, will be present in the home during the telemedicine appointment and the behavioral health provider will be provided with this adult's contact number and the contact number of the child's guardian (if different) in advance of the session; and

If my child is between the ages of 12 and 18, my child's guardian must be available by telephone during the scheduled telemedicine session and the behavioral health provider will be provided with this adult's contact number in advance of the session.

I have read this document and I consent to receiving behavioral health services via telemedicine under the terms described above.

Print Client Name

DOB

Client Signature

Date

If parent/guardian is signing on behalf of a client, please complete the following information:

Print Name of Parent (custodial and non-custodial) or Guardian

Signature of Parent (custodial and non-custodial) or Guardian

Date