

INFORMED CONSENT FOR TELEHEALTH SERVICES

INTRODUCTION:

Telehealth is the practice of health care that involves the use of electronic communications to diagnose or treat patients/clients who are in different locations from their healthcare providers/clinicians. Telehealth also enables healthcare providers/clinicians at different locations to share individual patient/client medical information for the purpose of improving patient/client care.

CONSET TO USE TELEHEALTH:

By executing this form, I, as a client or client's legal representative, consent to the utilization of TeleHealth technologies in the course of my mental health treatment and authorize Finding Balance and its staff to review and exchange information about the client for the purpose of client's treatment via telehealth.

By signing this form, I, as a client, acknowledge and affirm that it has been explained to me and I understand the following:

1. I understand that Finding Balance wishes me to engage in telehealth therapeutic sessions.
2. Finding Balance explained to me how the video conferencing technology that will be used to affect such a session will not be the same as a direct client/provider visit due to the fact that I will not be in the same room as my clinician.
3. I understand that a telehealth therapeutic session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my clinician or I can discontinue telehealth sessions if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my clinician, during which I had the opportunity to ask questions in regards to this process. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Name: _____ **DOB:** _____

Client's Legal Representative/Authorized Signer: _____

Legal Representative, relationship to client: _____

Signature _____ **Date** _____