

Starting Point Behavioral Healthcare Telehealth Services Consent Form

Informed Consent

- I understand that telehealth/telemedicine is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that the telehealth/telemedicine visit will be done through a two-way video linkup. The healthcare provider will be able to see my image on the screen and hear my voice. I will be able to hear and see the healthcare provider.
- I understand that the laws that protect privacy and the confidentiality of medical information including (HIPPA) also apply to telemedicine.
- I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth/telemedicine visit.
- I understand that I have the right to withhold or withdraw my consent to the use of telehealth/telemedicine during my care at any time, without effecting my right to future care or treatment.
- I understand that by signing this form that I am consenting to receive behavioral health care services via telehealth/telemedicine.
- I understand that I am responsible to have a private setting for my telehealth/telemedicine sessions and to disclose if anyone else is in the room or listening in on the telehealth/telemedicine session.
- I understand that if the treating professional determines that telehealth is not appropriate, he/she will work with me to arrange other services.

Print

Signature

Date