

UNIFY BEHAVIORAL HEALTH LLC INFORMED CONSENT FOR TELEHEALTH SERVICES

DEFINITION OF TELEHEALTH

Telehealth involves the use of electronic communications to enable our Staff to connect with you using interactive video and audio communications. Telehealth includes the distribution of services and information via electronic information and telecommunication technologies. It allows remote services for our community, such as: client contact, practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, and education.

I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS WITH RESPECT TO TELEHEALTH:

1. The laws that protect the confidentiality of my personal information also apply to telehealth.
2. I understand that telehealth is being implemented during a declared state of emergency and may not continue once the declared state of emergency is over.
3. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my services at any time, without affecting my right to future services, care, or treatment.
4. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the staff, that: the transmission of my personal information could be disrupted or distorted by technical failures, the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Unify Behavioral Health LLC utilizes secure, encrypted audio/video transmission software to deliver telehealth. I agree to hold Unify Behavioral Health LLC and its staff blameless and harmless for any compromise to my privacy that results from technical or inherent issues that occur while using telehealth.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

CONSENT TO THE USE OF TELEHEALTH

I have read and understand the information provided above regarding telehealth, have discussed it with Unify Behavioral Health LLC staff, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for services and/or treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Printed Client Name:	Client ID #:
Client's Signature:	Date:
Substitute Decision Maker's Signature:	Date:
This document was translated prior to signature: <input type="checkbox"/> N.A. <input type="checkbox"/> Spanish <input type="checkbox"/> Other	