**Client Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telehealth Informed Consent and Privacy Acknowledgement**

We are able to offer you our services through a Telehealth option when you are not able to come on site or be otherwise available for face-to-face services with our agency. This option would allow you to communicate with your provider remotely through technology, instead of in person. On your end this could be via a computer or laptop with camera and microphone, a tablet connected to the internet, or a smart phone with a camera. Telehealth could also involve communicating by audio only with a telephone when video is not possible.

Expected Benefits for using telehealth/telephone sessions: Improved access to behavioral healthcare services. You can remain in your home or other chosen site for safety and health reasons and still receive a remote service with your provider. This also reduces travel time for appointments allowing you more flexibility to fit them in your day.

Possible Risks in using telehealth: As with any healthcare procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to: In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images or voice) to allow a complete session. Delays in treatment could occur due to deficiencies or failures of the equipment; in very rare instances, security protocols could fail, causing a breach of privacy of personal information (as with traditional face-to-face services). In case we get disconnected or you are in crisis, we will ask you for a phone number and your current location and address at the beginning of the session. You can also call us back at the number(s) listed below if disconnection occurs.

To protect your privacy we will never record telehealth sessions (unless it has been previously agreed to by all parties for a specific reason), will use a video platform that is secure and encrypted, and will start each session with security questions to confirm your identity and your location and contact information.

Our New Horizons Mental Health Services Privacy Policy (in the Client Handbook) and Informed Consent for Treatment form applies to all services in all forms of delivery. The laws that protect privacy and the confidentiality of health information also apply to telehealth, and no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent.

You have the right to withhold or withdraw your consent to the use of telehealth services in the course of your care at any time, without affecting your right to future care or treatment.

By signing below (or verbal verification when signature is not possible) you are verifying that: you understand your privacy rights in regards to telehealth, you understand the benefits and risks and you consent to participate:

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client or Guardian

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness / Facilitator