

## Consent For Telehealth Services

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

To serve the needs of the people in the community/hospital, health care services are now available by interactive video communication and/or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management, and treatment of a number of health care problems. This process is referred to as “telemedicine” or “telehealth.” This means that you may be evaluated and treated by a health care provider from a distant location. Since this may be different from the type of treatment with which you are familiar, it is important that you carefully review and understand the following statements.

1. I understand that my health care provider at Redeeming Love LLC recommends that I engage in telehealth treatment.
2. I understand that the provider will be at a different location from me.
3. I understand that I have a right to refuse telehealth services and not participate in services offered by Redeeming Love LLC and can seek an alternative provider at any time. Redeeming Love LLC has fully explained the alternatives to me.
4. I understand that I have the right to access my medical history, progress notes, treatment plan or other medical treatment related documentation related to my treatment at Redeeming Love LLC.
5. The provider may store or retain my medical information to comply with any applicable state or federal records retention requirements, but may not store or retain my medical information beyond these limits without my written permission.
6. I understand that Redeeming Love LLC will not be video recording or audio recording any portion of my treatment.

I acknowledge that Redeeming Love LLC has explained the telehealth treatment service in a satisfactory manner and that all questions that I have asked about the services have been answered in a manner satisfactory to me or to my representative. Understanding the above, I consent to the telehealth services described above.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_