



4. Telebehavioral Health Consent Form

1. I understand that my therapist wishes me to engage in a Telebehavioral Health Services.
2. My therapist has explained to me how the video conferencing technology will be used to affect such a service will not be the same as a direct patient/therapist visit due to the fact that I will not be in the same room as my therapist.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my therapist or I can discontinue the telebehavioral health session if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the session other than my therapist and consulting therapist in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my behavioral/medical history that are personally sensitive to me; (2) ask non-clinical personnel to leave the telebehavioral health session: and or (3) terminate the session at any time.
5. I have had the alternatives to a telebehavioral health sessions explained to me, and in choosing to participate I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.
6. In an emergent consultation, I understand that the responsibility of the telebehavioral health consulting therapist is to advise my local practitioner and that the therapist's responsibility will conclude upon the termination of the video conference connection.
7. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regards to my treatment. 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 of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.