



Edgewood
A LIFESTANCE HEALTH COMPANY

TeleHealth Informed Consent for Treatment
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Edgewood offers TeleHealth services to our clients in an effort to meet client needs as soon as possible by reducing wait time. TeleHealth is the delivery of health-related services and information via telecommunications technologies; including telephones, smart phones, and personal computers between a therapist and a client that are not in the same physical location.

1. Client information

CLIENT FIRST NAME	CLIENT LAST NAME	
STREET ADDRESS	CITY	STATE
BIRTHDATE	PHONE #	

By signing below, I acknowledge that I understand the following:

1. The information and patient rights outlined in the Notice of Privacy Practices (NPP) continue to apply to me during my telehealth sessions.
2. The laws to protect the privacy and confidentiality of my medical information continue to apply to me during my telehealth sessions as explained in my consent to treatment acknowledgement.
3. I have the right to withdraw my consent to telehealth services at any time in writing. This will not affect my right to future mental health care services at Edgewood.
4. My therapist has the right to terminate the use of telehealth services at any time.
5. My therapist will not be present in the room with me.
6. My therapist will be using video equipment and they have explained how the equipment will be used.
7. There are potential risks associated with telehealth services including the transmission of my medical information being disrupted or distorted by technical failures. If technical difficulties should arise and the video connection is lost, my therapist will revert to a telephone voice session using the phone number provided above.
8. Information transmitted via telehealth sessions may not be sufficient to allow for appropriate treatment and my therapist may suggest that a face to face appointment be made.
9. My therapist and I will not record any telehealth sessions unless written consent is provided.
10. I will inform my provider if any other person can see or hear our session before it begins.
11. I am responsible for providing and configuring any electronic equipment used for telehealth sessions outside of the provider's office. I am responsible to ensure that this equipment is working properly and is set up in a private setting before my session begins.
12. If an emergency situation should arise during a telehealth session, my therapist will contact the emergency contact listed in my profile or call 9-1-1 to contact the emergency authorities in my geographical area.

Consent for Treatment

I have read and agree to the terms of receiving telehealth services at Edgewood. I hereby give my informed consent for the use of telehealth care in my treatment.

CLIENT SIGNATURE (OVER 18)	DATE
PRINT NAME	
PARENT/GUARDIAN SIGNATURE (UNDER 18)	DATE
PRINT NAME	
If a legal representative signed this form, describe the relationship: (parent, legal guardian, Power of Attorney)	