



JENDA FAMILY SERVICES

### Tele-Behavioral Health Consent Form

Tele -Behavioral Health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client who are not in the same physical location. This includes live audio and visual interaction.

As with any technology there are potential risks associated with the use of Tele-Behavioral Health. These risks include, but may not be limited to: ·

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment
- In very rare instances, security protocols could fail, causing a breach of privacy. Jenda Family Services utilizes a HIPAA compliant platform and utilizes every precaution to protect your privacy and personal information.
- It your responsibility, as the client, to ensure that sessions are conducted in a private space.

By signing this form, I understand the following:

- 1.) I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
- 2.) I understand that I have the right to withhold or withdraw my consent to the use of telemedicine during my care at any time, without affecting my right to future care or treatment.
- 3.) I understand that I have the right to inspect all information obtained during a telemedicine interaction and may receive copies of this information for a reasonable fee. Sessions are not recorded.
- 4.) I understand that telemedicine may involve electronic communication of my personal medical information.

Patient Consent to the Use of Tele -Behavioral health:

I have read and understand the information provided above regarding telemedicine/tele-behavioral health, have discussed it with my clinician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my therapeutic care.

I hereby authorize Jenda Family Services to use Tele-Behavioral Health during my sessions and treatment.

Signature of Client/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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