



Telehealth Consent to Treat

I, _____, have asked to receive behavioral health services via telehealth. I will be informed of my diagnosis and will work with my therapist on the proposed telehealth treatment plan. I understand that I will be receiving health care services through interactive videoconferencing equipment. I understand that, at this time, there are no known risks involved with receiving my care in this way. I understand that the equipment will be shown to me and I will see how it works before I receive any services. I understand that my participation in telehealth is voluntary and I may refuse to participate or decide to stop participation at any time. I understand that my refusal to participate or decision to stop participation will be documented in my medical record. I have been informed of the potential consequences of my revocation of informed consent to treatment. I understand that my privacy and confidentiality will be protected. I also understand that the likelihood of a videoconference being intercepted by an outsider is similar to the potential interception of a phone call. When I am receiving services via telehealth, I will be notified as to who is in the room at the remote site. I understand that the health care provider at the remote video site will need to be given information of my psychological information, alcohol and/or drug abuse, and mental health records. I have read this document and I hereby consent to participate in receiving behavioral health services via telehealth under the terms described above. I understand this document will become a part of my medical record. I understand that Apple Blossom Counseling associates will be following MST. I understand that after 15 minutes waiting for the video conference, if there is an issue the provider will contact me by phone.

Due to HIPAA privacy laws a provider cannot text or leave a message without a consent from you stating that a voicemail, email, or text can be left or sent. Please initial and writer the number below and the email that Apple Blossom Counselling can contact you at with your permission.

Apple Blossom Counseling professional ethical practices state that the provider will only respond to texts to schedule, confirm, or cancel appointments. Likewise, emails are strictly for scheduling, confirmation, and or cancellation of an appointment. Please note that I cannot guarantee an immediate response to your text and or emails and will respond within a 24 hour period. In addition, Providers are not permitted to “like” you or accept a Friend request on Facebook or any other social media including Linked in. The adherence to these codes maintains ethical practice.

By signing below and writing my name beside it, I am accepting the terms above.

Signature

Date

Witness

Date