

Behavioral Health Telemedicine Consent

This form provides information about telemedicine services for behavioral health, and seeks your consent to participate in such services.

Telemedicine Overview

- Telemedicine involves the use of electronic communications to enable healthcare providers to evaluate, diagnose, consult, and provide treatment.
- All laws governing confidentiality and release of information apply to telemedicine.
- You may withdraw your consent to participate in telemedicine at any time.

Potential Risks and Benefits

- Telemedicine allows access to behavioral health care at a distance, but may be limited by technology failures.
- There is a potential risk of unauthorized access due to the nature of electronic communication.
- You may benefit from receiving behavioral health services without the need for travel.

Confidentiality

- All communications will be kept confidential as required by law.
- Data from telemedicine sessions will not be shared without your consent.

Consent

- I understand the information provided above and consent to participate in telemedicine for behavioral health.

☐ I give my consent to participate in telemedicine behavioral health sessions.

Patient Name:

Date:

Patient Signature:

If patient is under 18, Parent/Guardian Name:

Parent/Guardian Signature:

Date: