

Telehealth Consent Form

I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of in-person support. Any information disclosed by me during the group therefore, is generally confidential.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my facilitator has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our groups or other communication by my facilitator to others could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth is different from in-person support.

I have read and understand the information provided above. I have the right to discuss any of this information with my facilitator and to have any questions I may have.

I understand that I can withdraw my consent to Telehealth communications. My signature below indicates that I have read this Agreement and agree to the terms.

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Print Name

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Signature Date