

Client Name: _____

Guardian (if applicable): _____

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care, the convenience of meeting from a location of my choosing and eliminating the risk of exposure to COVID-19 by not coming into the office.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY NETSMART/AMWELL SERVICE

Telehealth by Netsmart/Amwell is the technology service we will use to conduct telehealth videoconferencing appointments.. By signing this document, I acknowledge:

1. Telehealth by Netsmart/Amwell is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither Netsmart/Amwell nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by Netsmaet/Amwell Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by Netmart/Amwell Service.

5. I understand that Telehealth by Netsmart/Amwell is being instituted as a means of social distancing during the COVID-19 pandemic and the continued use of it will be reassessed when the pandemic runs its course.

6. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By confirming in writing that I have signed this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY CLICKING ON THE CHECKBOX I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature (via electronic signature)

Date

Parent or Guardian Signature (if applicable)

Date