



LifeSkills, Inc.

Behavioral Health Division

Informed Consent for TeleHealth Services

To better serve the needs of our clients, LifeSkills offers TeleHealth services. These services are provided with the use of interactive video communication and/or electronic transmission of information. This technology can assist in the evaluation, diagnosis, and treatment by a health care provider from a distant location. It is important that you understand and agree to the following statements before participating in a TeleHealth session.

1. The consulting health care provider will be at a different location than me. Another LifeSkills staff may be present with me or the consulting provider to assist in the consultation.
2. I will be informed of any additional staff present with the consulting provider and will give my consent prior to beginning the session.
3. The provider will keep a record of the consultation in my medical record.
4. I have been informed of all other alternatives to TeleHealth services.
5. I understand that the transmission during this service is protected by LifeSkills electronic safeguards and shall not be shared without my written authorization, except when required or permitted by law.
6. I understand that I have the option to refuse TeleHealth services at anytime without it affecting the right to future care and treatment.
7. I understand this service will be billed as a comparable in-person service and I will be responsible for any co-payments or non-covered amount. LifeSkills will not charge any transmission fee.

X

Signature of Client/Parent or Representative ...

X

Signature of Witness

Date