

Human Services, Inc.
50 James Buchanan Dr.
Thorndale, PA 19372
P: 610-873-1010 F: 610-873-3317



Intake Contact:
intake@hsl-emhs.org

610-873-1010 x165

Informed Consent to treat via Telephone or Video during CoVid-19 Restrictions

Human Services, Inc, under the guidance of OMSHAS, is temporarily conducting Outpatient Services via telephone and/or video services due to the precautions surrounding the Covid-19 outbreak. If you choose, you will be scheduled to complete your Intake appointment via telephone or video chat. If you prefer to not participate in this method, you will be scheduled for an Intake appointment after the restrictions are lifted.

If you are interested in receiving Outpatient Therapy services via telephone or video, please answer the following questions-

Preferred method of Contact-

Telephone - _____

or

Video Chat - (please circle the services you have available and are willing to use)

Skype Google Hangouts Snapchat Video DUO Facebook Video

Other _____ USERNAME _____

We will send you New Client forms that will need to be completed and returned to us promptly. These forms can be mailed, emailed or faxed to you. Please indicate how you would like to receive these and provide us the information to do so.

MAIL FAX EMAIL (circle one)

You will be given more specific instruction with your scheduled appointment time.

By signing this form, you acknowledge that participating in teletherapy is only a temporary measure. Once restrictions are lifted, you agree to continue Outpatient services in our offices as scheduled.

Print Name _____ Signature _____ Date _____

I decline tele/video therapy at this time. I am requesting my Outpatient Services Intake appointment be scheduled after restrictions are lifted.

Print Name _____ Signature _____ Date _____

Please be advised: Form must be completed in its entirety. Incomplete forms will be returned.