Template

CONSENT FOR TELEHEALTH

1. I understand that my health care provider wishes me to engage in a telehealth sessions. 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. You may alternatively elect to communicate via secure messaging on this platform through the client portal if you so choose or through secure text messages at 402-799-1199. This will not be equivalent to in person services as there will be no visual contact.

3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing or overall internet / cellular connections are not adequate for the situation. If we are disconnected my provider will call me via telephone.

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. 6. I will be asked each session to develop and confirm a safety plan. I will be asked each session to confirm my identity through questions from my provider.

CONSENT TO USE THE TELEHEALTH SERVICE

Telehealth by (telehealth software) is the technology service we will use to conduct telehealth videoconferencing/client portal appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth 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 (telehealth software) 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 (program utilized) facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.

4. To maintain confidentiality, I will not share my telehealth appointment link or client portal information with anyone unauthorized to attend the appointment.

CONSENT TO USE DIGITAL ART MEDIA

1. My provider may offer the opportunity to use various digital art and gaming media. Such digital art media are generally not HIPAA compliant. You may at any time decline to use suggested media. Your provider will also provide you alternative options if you decline to use the media.

2. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or I can discontinue use of the media at any point if security concerns arise.

3. My provider may ask you to utilize the digital art and gaming media on your device, to provide you complete control of the media use and media sharing. I may decline at any time to do so.

4. I understand that there are risks in sharing digital art and other art produced in art therapy on social media. Sharing my art may disclose things I do not want to to my social media network.

5. I understand my provider will not share any of my artwork, digital or otherwise, without my written consent.

By signing 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 BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.