



CONSUMER CONSENT TO PARTICIPATE IN TELEHEALTH

Individual: _____ Record#: _____ Medicaid# _____ DOB: _____

Through the treatment process, consumers along with their family members and/or legal guardian, understand there may be instances where it will be more feasible to conduct sessions/appointments via video communication, in addition to in-person and audio communication.

Telehealth involves the use of audio, video or other electronic communications to interact with the consumer, her/his legal guardian and 3rd parties for the purpose of diagnosis, therapy, follow-up and education.

The consumer and/or their legal guardian, by signing below gives consent to participate in telehealth appointments. Types of telehealth appointments may include, but are not limited to:

- Therapy
- Treatment Team Meetings
- Linking with 3rd party resources
- Case Management
- First Responder
- Treatment of services

Consumer understands that R&R Perspectives, LLC and its staff will not record any video communications, unless prior consent is obtained from the consumer and/or their legal guardian.

The Consumer and/or their legal guardian accept that she/he will need access to a computer, laptop, or mobile device (phone or tablet) along with a good Internet connection in order to have an efficient and productive telehealth appointment.

The Consumer and/or their legal guardian give consent and understand the importance of discussing personal health information and medical history during appointments. Due to the nature of the types of appointments the consumer may engage in and the type of information that may be discussed, R&R Perspectives, LLC staff will ensure that any 3rd party on a telehealth appointment will have signed consents from the consumer and/or their legal guardian before allowing the 3rd party entry into a telehealth appointment.

The Consumer and/or their legal guardian have the Right to withhold or withdraw her/his consent to participate in telehealth appointments at any time, without prior approval. R&R Perspectives, LLC staff will make note of the decision to withdraw participation in telehealth appointments and place the documentation in the consumer's Medical Record. If the consumer and her/his legal guardian decides to participate in telehealth sessions/appointments, a new Consent To Participate In Telehealth must be signed and dated.

All laws pertaining to consumer access to their medical records and copies of medical records apply to telehealth. Distribution of any consumer identifiable images or information from the telehealth appointments to 3rd parties will not occur without prior consent from the consumer and/or their legal guardian.

All existing confidentiality protections are in effect for all telehealth appointments.

*R&R Perspectives, LLC staff has discussed with me and/or my legal guardian the information provided above. I have had an opportunity to ask questions about the information and all of my questions have been answered. I and/or my legal guardian have read and agree to telehealth appointments.

Consumer's Signature (Parent/Guardian) and Date: _____

R&R Perspectives Staff Signature and Date

