



**ROSECRANCE AND AFFILIATES
CONSENT FOR TELEHEALTH SERVICES**

Client Name: _____ Client ID: _____ Client DOB: _____

CONSENT TO TELEHEALTH SERVICES

This consent form confirms the verbal consent I previously gave to participate in telehealth services and receive diagnoses and treatment. I consent to any past and future telehealth services and treatment provided by Rosecrance, Inc., Rosecrance Jackson Centers, other Rosecrance affiliates, and Rosecrance employees. I also consent to treatment and care by physicians, behavioral health providers, and healthcare providers who are not employees or agents of Rosecrance, but are authorized by Rosecrance to provide treatment and care to me. I understand telehealth services involve the use of interactive audio, video, or other data communication.

I understand that Rosecrance may use various communication platforms which may not be secure or HIPAA compliant due to the Covid-19 public health emergency and as allowed by recent regulatory guidance. I consent to the use of a potentially unsecure communication platform that may have some risks, including unencrypted transmission, audio and video interruptions, other unexpected disruptions, and unclear audio or video. Although it is unlikely, I understand my protected health information may be breached if someone tampers with the technology. I understand that benefit of telehealth services is that I will continue to receive care during the current Covid-19 public health emergency.

This consent will remain in effect for as long as the designation of a public health emergency remains in effect. I understand that I have the right to revoke my consent for telehealth services at any time by letting my provider know. I understand any charges incurred while downloading or while using the communication platform of my choice to participate in telehealth services will be my responsibility.

I certify that I have read the above form, that I understand its contents, and that I have asked all questions I have about this form. I agree to be bound by the terms of this consent form.

Client Signature

Date

Parent/Guardian Signature, *if applicable*

Date