



Tele-Health Services Authorization and Consent

The purpose of this form is to obtain your consent to participate in a Tele-Health evaluation.

1. **Purpose and Benefits.** The purpose and benefit of this project is to provide more timely access to Psychiatric services.
2. **Nature of Tele-Health Evaluation.** During the Tele-Health evaluation:
 - a. A nurse or other Mental Health Professional will be available to answer any questions and assist with the encounter and any routine or emergent needs which may arise.
 - b. Non-medical technical personnel may be present in the Tele-Health studio to aid in video transmission.
3. **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this Tele-Health evaluation. Additionally, dissemination of any patient-identifiable images or information from this Tele- Health interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws. Records and prescriptions requiring original signatures may take longer to process, allowing for transport from the doctor's site to Minnesota. All records and prescriptions are transported via secure courier.
4. **Modality.** The psychiatrist will appear on a large screen TV in real time. A webcam is in place which allows the psychiatrist to view you. Audio is provided by microphones in the room which enables a dialogue between you and the psychiatrist.
5. **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the Tele-Health evaluation. All existing confidentiality protections under federal and State law apply to information disclosed during this Tele-Health evaluation.
6. **Fees.** Fees are reviewed with you during your financial intake and a Fee Schedule is posted.
7. **Risks and Consequences.** The Tele-Health evaluation will be similar to a routine psychiatric office visit, except interactive video technology will allow you to communicate with a physician at a distance. At first you may find it different than a traditional visit, but most people make the transition easily.
8. **Rights.** You may withhold or withdraw consent to the Tele-Health consultation at any time without affecting your right of future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

I have been advised of all the potential risks, consequences and benefits of Tele-Health. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Signature of Client, Parent, or Legal Guardian

Date