



Telehealth Consent Form

Our clinic offers telehealth appointments for patients who are not located near one of our offices or who prefer to be seen remotely. Telehealth visits allow patients to receive care from the comfort of their own home using secure audio and/or video technology.

CEH telehealth services may include evaluations, therapy sessions, consultations, treatment planning, and follow-up care conducted through a secure telehealth platform.

Risks and Limitations:

- Patient or Parent/Guardian understands and agrees that:
 - The provider will make reasonable, medically necessary clinical determinations and treatment recommendations based on the telehealth visit, the patient's history, available test results, and medical records.
 - The provider is NOT conducting an in-person, physical examination.
 - Reliable internet access and an appropriate technology device (such as a computer, smart phone, or tablet with video capability) are required to participate in telehealth visits.
 - Technical issues such as internet connectivity, audio, or video disruptions may occur.
 - The telehealth visit is intended to take the place of a face-to-face visit when clinically appropriate.
 - The telehealth visit is a covered benefit.
 - The telehealth visit is medically necessary.

Privacy and Confidentiality:

Your privacy and confidentiality will be protected in accordance with applicable laws and regulations. You are responsible for being in a private, quiet space during your telehealth appointment to help maintain confidentiality.

Telehealth visits will NOT take place if the patient is driving, running errands, or participating in other activities, CEH reserves the right to discontinue an appointment if this occurs.

Emergencies

Telehealth appointments are not intended for emergency situations. If you are experiencing a mental health crisis or are in immediate danger, please call 911 or go to the nearest emergency room.

Consent and Acknowledgment

By signing below, I acknowledge that:

- I understand the benefits and limitations of Telehealth mental health services.
- I voluntarily consent to receive mental health services via telehealth.
- I understand that CEH reserves the right to discontinue an appointment if I am not in a private setting or is engaged in activities that may disrupt the session.
- I may request for an in-person appointment at any time.

Name of Patient (Please Print)

Signature of Patient (or Parent/Guradian)