Ann Anderson Counseling & Consulting

215 West Third, Suite H
Roswell, New Mexico 88201
(575) 626-9727

TELEHEALTH PATIENT CONSENT/REFUSAL FORM

Patient Name: _____ Date of Birth: _____

- PURPOSE: The purpose of this form is to obtain your consent to participate in the following Telehealth Services: individual sessions
- NATURE OF TELEHEALTH: Telehealth involves the use of electronic communication to enable health care providers at different locations to share individual client behavioral health information and provide therapy services for the purpose of improving client care. The information may be used for diagnosis, therapy, follow-up, education, and may include the following: patient medical records and live two-way audio and video. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and behavioral health information will include measures to safeguard the data and to ensure its integrity against intentional and unintentional corruption.
- MEDICAL INFORMATION AND RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to all Telehealth sessions. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient-identifiable images or information for each Telehealth session to other entities shall not occur without your consent.
- CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with Telehealth services, and all existing confidentiality protections under federal and New Mexico state law apply to information disclosed during Telehealth sessions and groups.
- RIGHTS: You may withhold or withdraw consent to Telehealth services at any time without affecting your rights to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- DISPUTES: You agree that any dispute arriving from Telehealth services will be resolved in New Mexico and that New Mexico law will apply to all disputes.
- RISKS, CONSEQUENCES & BENEFITS: Delays in evaluation and treatment could occur due to deficiencies or failure of electronic equipment In very rare cases, security protocols could fail,
- Causing a breach of privacy of personal medical information. Telehealth/telephone will improve access to behavioral health services and enable a client to remain in his/her/their home while the therapist obtains information and provides therapy services and psychoeducation. You have been advised of all the potential risks, consequences and benefits of Telehealth. Your therapist has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and Telehealth sessions. All your questions have been answered and you understand the written information provided above.

I agree to participate in Telehealth services as described above.

_____ _____

Client signature (couple – please both sign) Date