

# Associates in Psychiatry & Counseling, P.C.

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## Consent for TeleBehavioral Health Services

1. As a client or patient receiving behavioral services through TeleBehavioral Health technologies, I understand TeleBehavioral Health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location
2. I understand that the laws that protect privacy and the confidentiality of medical information also apply to TeleBehavioral Health, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
3. I understand that I have the right to withhold or withdraw my consent to the use of TeleBehavioral Health in the course of my care at any time without affecting my right to future care or treatment.
4. I understand that I have the right to inspect all information obtained and recorded in the course of a TeleBehavioral Health interaction, and may receive copies of this information for a reasonable fee.
5. Equipment: I represent that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I am aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.
6. In the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means.
7. This document does not replace other agreements, contracts, or documentation of informed consent.

**Patient Consent to the Use of TeleBehavioral Health:** I have read and understand the information provided above regarding TeleBehavioral Health, By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client's Signature  
(Patients 12 to 18 must sign in addition to the parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date