



## CONSENT FOR TELEHEALTH SERVICES AND TREATMENT

Thank you for choosing us for your telehealth care. Patients and families are essential participants in health care and we want you to understand your rights and responsibilities while receiving care from us. If you have any questions about this form, please feel free to reach out at anytime. If you are a parent/legally-authorized representative of a child, please read this agreement with the understanding that “I” and “me” means the child.

1. Consent for Treatment: I consent to telehealth care performed by the BCBA and the Paraprofessional at Heartland ABA. This includes treatment and other health care services deemed medically necessary in the Providers’ professional judgment. I also understand that I have the option to refuse the delivery of health care services by telehealth at any time without affecting my right to future care or treatment, and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
2. Consent for Telehealth Services: Telehealth involves transmission of video. I understand that:
  - I will be informed of any other people who are present at either end of the telehealth encounter, and have the right to exclude anyone from either location.
  - All confidentiality protections required by law or regulation will apply to my care.
  - I have the right to refuse or stop participation in telehealth services at any time and request alternate services such as an in-person services. However, I understand that equivalent in-person services might not be available at the same location or time as telehealth services.
  - If I do not want to receive services by telehealth, it will not affect my right to future care or treatment, or any insurance/ program benefits to which I would otherwise be entitled.
3. Records and Release of Information: Transmitted Data may become part of my medical record. Data will not be transmitted to people outside my health care team except as described below, and/or if I provide additional written consent.
  - I will have access to all of the information in my medical record resulting from the telehealth services that I would have for a similar in-person visit, as provided by federal and state law.
  - The Providers may use or disclose my health information for treatment, continuity of care, payment, or internal operations, or when required by law or regulation in certain unique situations.
  - All releases of information are subject to the same laws and regulations as in-person care.