

Dear Patient:

Telehealth is the use of video and audio to provide health care services when the provider and the client are not in the same location. Telehealth consists of a phone call, text or audio / video session.

- I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to ABHSM to provide health care services to me via telehealth.
- I understand that while there are many benefits of telehealth in reducing barriers to treatment, there are potential risks, which include, but are not limited to:
 - o It may not be appropriate for the treatment of serious psychiatric illnesses or symptoms.
 - o It may not be appropriate for more complex situations.
 - o Telehealth can sometime prevent the exchange of important information such as, facial expressions, vocal signals, or body language that may be less evident through telehealth.
 - o Sessions may have to be interrupted or discontinued if technology issues interfere with the ability for the service provided in a clinically appropriate and ethical manner.
 - o Telehealth interferes in the ability of clinicians to utilize some interventions, such as those using specific materials or tools.
 - o Telehealth may limit the ability of a practitioner to identify a symptom that is not apparent through telehealth.
- I understand that ABHSM is permitted can only provide telehealth services as permitted by national, state, and individual insurance company regulations. Telehealth services may not be available as insurance coverage or regulations change. Some insurances do not permit telehealth services.
- I understand that telehealth communications are not recorded or stored.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit. Other limitations of confidentiality as reviewed in ABHSM consent to treatment continue to apply.
- I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit.
- I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that during a state of emergency, ABHSM may only be providing telehealth services and refusal to consent, may lead to inability for ABHSM to provide treatment.
- I may revoke my consent orally or in writing at any time by contacting Associated Behavioral Health Services as long as this consent is in force (has not been revoked), Associated Behavioral Health Services of Maryland and it's contractors may provide health care services to me via telehealth without the need for me to sign another consent form.

Patient/Legal Guardian Signature Date (electronic)

I attest that client/legal guardian provided verbal consent to all points noted above.

Staff Signature Date (electronic)

518 South Camp Meade Road, Linthicum, Maryland 21090