Psychiatric Wellness Center

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Consent to Telehealth
ADDENDUM TO CONSENT FOR SERVICES

In order to meet your needs during the current health pandemic, **Psychiatric Wellness Center (PWC)** will be **temporarily** providing telehealth services. You can decide to opt out of these services and receive referrals for other agencies or take a temporary break until our clinics re-open for in- person services. By signing this form, you are agreeing to receive telehealth services during this period.

This form is an addendum to the consent form you signed when you began receiving services through PWC. This document/agreement contains important information about the following:

1. Use of remote services
2. Privacy and confidentiality of remote services

It is important that you read this document carefully and ask any questions you might have prior to starting telehealth services.

By choosing to sign this form, I understand that the PWC cannot and does not guarantee the privacy or security of any session content or communication being sent through the internet, phone, email, or videoconferencing. Though unlikely, there is potential that videoconferencing sessions, emails, phone calls, or voicemails can be intercepted and reviewed by others, and it is possible that there could be disruptions to therapy due to technological difficulties. I understand that communicating via these mediums is not 100% secure. All other policies and procedures regarding recorded session information remain unchanged.

I consent to participate in counseling sessions or communication via the phone and videoconferencing with **Psychiatric Wellness Center (PWC)** as described below.

My signature indicates that I have had the opportunity to ask questions about this modality and these questions have been answered to my satisfaction. These matters have been explained to me fully and I freely give consent to receive clinic evaluation and/or treatment services.

_____   _____
Signature Client/Parent/Guardian #1, Date   Clinician, Date

_____
Print Client/Parent/Guardian Name