



Consent for Remote Teleservices

1. I authorize Center For Family Services to provide me with remote teleservices.
2. The type of service to be provided remotely via teleservices, includes but is not limited to:

3. I understand that this service is not the same as in person services, because I will not be in the same room as the provider performing the service.
4. I understand the purpose of the videoconferencing and teleconferencing technology and the risks, benefits and complications (from known and unknown causes) that may arise during remote services. The risks of not using remote teleservices have also been discussed. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.
5. Center For Family Services utilizes technology that is compliant with HIPAA regulations to protect my confidentiality and the information being transmitted. I understand that there are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that Center For Family Services or I can discontinue the teleservices if technical issues prevent services from being provided appropriately.
6. I understand that the teleservices session(s) may not be audio or video recorded at any time by Center For Family Services, the staff or myself.
7. I acknowledge that I have the right to request the following:
 - a. Asking non-service personnel to leave the room at any time if not mandated for safety concerns,
 - b. Termination of the service at any time.
8. My consent to participate in teleservices shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.
9. I agree that there have been no guarantees or assurances made about the results of this service.

Patient/Relative/Guardian Signature*

Print Name

Relationship to Patient (if required)

Date

Staff Signature

Date

* The signature of the patient must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.

** See Virtual Admission Procedures