

Sunrise Therapy Services, LLC

4154 Madison Avenue, Suite 102

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Informed Consent For Telehealth Services (p 1 of 2)

Welcome to Sunrise Therapy Services, LLC. We appreciate the opportunity to help you. These forms include information about Telehealth Services that we will go over together. It ensures that everyone is on the same page as to what to expect in our work together.

Introduction

Telehealth involves the use of electronic communications. Telehealth allows Sunrise Therapy Services LLC's mental health care providers the ability to connect with clients using interactive video, audio, and electronic communications for the purpose of providing and improving client care.

Electronic systems used will use network and software security protocols to protect the confidentiality of client information. Electronic systems will include measures to protect client data and ensure integrity against corruption.

Telehealth may include any of the following:

- Mental Health Care Treatment
- Therapy Sessions
- Follow Up Therapy Sessions
- Diagnosis
- Consultations
- Client Education
- Referrals To Resources
- Transfer of Medical and Clinical Data Through a HIPAA Compliant System
- Access to mental healthcare by allowing clients to receive telehealth services while at home or at a remote site

Payment for Telehealth Services:

Sunrise Therapy Services, LLC will bill insurance companies for telehealth services when these services have been determined to be covered by an individual's insurance plan. The session costs are listed in the Scheduled of Fees and Charges page of the intake packet. The client is responsible for understanding their insurance coverage and agrees to pay all fees not covered by insurance including deductibles and co-payments.

Sunrise Therapy Services, LLC can provide you with a statement of service to submit to your insurance company upon request. Payment forms accepted include: Credit Cards, Debit Cards, HSA Cards (Health Savings Account), FSA Cards (Flexible Spending Account), Cash, and Checks. Payment in full is due at the time of service.

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Informed Consent For Telehealth Services (p 2 of 2)

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information including HIPAA also apply to telehealth, and that no information obtained in the use of telehealth will be disclosed to others without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my treatment at any time without affecting my right to future care or treatment.
3. I understand that there are some risks and consequences of telehealth, including, but not limited to the possibility that the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Sunrise Therapist Services, LLC. uses secure and encrypted audio, video, and clinical transmission software to deliver telehealth.
4. I understand that I have the right to access my medical information and obtain copies of my medical records in accordance with state laws.
5. I understand that although I may expect anticipated benefits from the use of telehealth in my care, no results can be guaranteed or assured.
6. I understand that if my therapist believes I would be better served by another form of intervention (ie. face-to-face treatment services), they will provide the most appropriate recommendation or referral.
7. By signing this form, I agree that certain situations, including emergencies and crises, are inappropriate for video, audio, and computer-based telehealth services. If I am in an emergency, I will call 9-1-1 immediately. If I am in a crisis, I will call 2-1-1 or seek help from a hospital or healthcare facility in my local area.

Client Consent To The Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist or such assistants as may be designated, and all of my questions have been answered to my satisfaction. My signature below hereby states I have read, understood, and agree to the terms of this document.

I/We, _____ {print name(s)}, have read and agree to the policies above.

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____