



# Independent Management Services

Providing Human Services to Families in Southern Minnesota

101 21<sup>st</sup> St SE Suite 1 | Austin, MN, 55912 | Phone (507) 437-6389 | Fax (507) 437-0977 | info@imsofmn.com | imsofmn.com

## INFORMED CONSENT FOR TELEHEALTH SERVICES (Chemical Health)

Telehealth Services allow my Chemical Health staff to diagnose, consult, treat and educate using interactive audio, video and/or data communication regarding my treatment. I hereby consent to participating in chemical health services via the internet (herein referred to as Telehealth) with the clinician(s) listed below:

Client Name: \_\_\_\_\_

Chemical Health Staff: \_\_\_\_\_

I understand I have the following rights under this agreement:

- I have a right to confidentiality with Telehealth, under the same laws that protect the confidentiality of my medical information for in person assessments/services. Any information disclosed by me during the course of my assessments/services, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse as well as any threats of violence I may make towards a reasonably identifiable person.
- I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my chemical health staff has the right to break confidentiality to prevent the threatened danger.
- Further, I understand that the dissemination of any personally identifiable images, or the information from Telehealth interaction, to any other entities shall not occur without my written consent.
- I understand that while treatment of all kinds has been found to be effective in treating a wide range of chemical health issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
- I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our sessions or other communication by my chemical health staff to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
- In addition, I understand that Telehealth treatment is different from in-person assessments/ services and that if my chemical health staff believes that I would be better served by another form of services, such as in-person sessions, I will be referred to a chemical health staff in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with my chemical health staff and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telehealth communications by providing written notification to Independent Management Services at the address above. My signature below indicates that I have read this Agreement and agree to its terms.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_