



# HARMONY UNITED PSYCHIATRIC CARE

## MINOR OR ADULT GUARDIAN

### Consent for Telehealth

Telehealth technology is currently being utilized to provide health care services nationally and in Florida. Telehealth technology can enable real-time communication between patients and health care providers using live video conferencing; and, can securely store-and-forward clinical data to offsite locations for evaluation by health care providers.

The United States Department of Health and Human Services notes that Telehealth is not a type of health care service but is rather a means or method used to deliver health care services.

As with in-office visits ➡ I, \_\_\_\_\_ the Client’s Parent or Guardian, understand that Client is expected to abide by treatment prescribed by his/her providers at **Harmony United Psychiatric Care**. I understand that Client’s refusal to abide by the prescribed treatment (e.g.: not taking or overtaking prescribed medications, missing or rescheduling telehealth appointments repeatedly, etc.) delivered through Telehealth technology is a basis for termination of care due to noncompliance. I also understand that although the healthcare providers at **Harmony United Psychiatric Care** believe this treatment will be of benefit to Client, there is no guarantee as to the results that may be expected.

With these understandings, I authorize Client’s healthcare provider(s) at **Harmony United Psychiatric Care** to render the necessary psychiatric services through Telehealth technology, including but not limited to psychiatric medication management, psychotherapy/ counseling, etc. Further, I agree that this Consent does not supersede or replace my Consent for Treatment for in-office services.

I, ➡ \_\_\_\_\_, the Client’s Parent or Guardian, consent to have Client’s treatment delivered through Telehealth technology. **If I elect to not sign this consent, Client will not be eligible to receive treatment via Telehealth technology.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_