

Consent to Telehealth / Notice of Privacy Practice / Financial Agreement

Patient Name:	DOB:
----------------------	-------------

Initial

_____ **Consent to Telehealth**

I consent for UDOH staff to provide intake, assessment and evaluation, and ongoing care coordination.

I understand that UDOH collects and shares information with others as necessary to facilitate the mutually agreed upon services and treatment.

I have read the reverse of this document entitled *Acknowledgement of Telehealth Service Parameters* and understand the limitations and possible technological risks of receiving telehealth services.

_____ **Acknowledgment of Receipt of Notice of Privacy Practice**

By signing this form, I acknowledge that I have reviewed and/or received the UDOH Notice of Privacy Practice.

_____ **Financial Agreement**

I authorize insurance, Medicaid, or Medicare benefits to be paid to UDOH or its authorized agent, to release information to insurance companies, Medicaid and Medicare as necessary to process claims. I understand that I may be liable for all or a portion of the bill, as specified by Personal Financial Responsibility (PFR). I will sign over to UDOH any amounts paid directly to the insured for services provided by UDOH.

Patient or Legal Representative Signature

Date

Name of Patient or Legal Representative (Please print)

- Parent of minor child
- Medical Power of Attorney
- Other, explain and attach documentation
- Self (18 or older)
- Legal Representative

Verbal Consent	
If consent for the use of telehealth is obtained verbally, documentation of consent must be included in the child's EMR record.	
<input type="checkbox"/> Consent was received via phone. Documentation of the conversation is included in the child's EMR record	
<input type="checkbox"/> Consent was received via text message. A copy of the conversation is included in the child's EMR record.	
<input type="checkbox"/> Consent was received via email. A copy of the conversation is included in the child's EMR record.	
Signature of Staff	Date

Acknowledgement of Telehealth Service Parameters

I understand that my child and family may receive telehealth services with the Integrated Services Program. I also understand that federal and state laws require I consent to the following:

1. I consent to the delivery of telehealth visits over a computer, tablet, or smart phone between the Integrated Services Program and my family/child. I understand that the availability of telehealth visits will depend on the type of technology, devices, or system requirements used.
2. I understand that the ISP provider will have the same licensure/certification and apply the same standard of care as during an in-person visit.
3. I understand that not all ISP providers are able to provide telehealth visits due to licensure/practice act restrictions.
4. I will have access to all records and information resulting from the sessions conducted through telehealth visits as I would during in person visits, and as provided for by law.
5. As with any internet-based communication, I understand that risks include the possibility of technological problems, which may result in poor quality or disconnection from the telehealth visit, as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure Wi-Fi network with password and using a videoconferencing platform with end-to-end encryption to participate in telehealth visits.
6. I understand that the Utah Department of Health is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology.
7. I understand that, in addition to the ISP provider, other individuals may be involved in the telehealth visit to operate or repair the video or audio equipment. If this occurs, these individuals must be identified to all parties in the visit and must adhere to the same privacy policies as the ISP provider.
8. I understand that I am responsible for the cost of technology associated with receiving telehealth visits (e.g. data/internet plans, personal device).
9. I understand that the use of telehealth visits are allowable and encouraged at this time due to COVID-19.
10. I understand that this telehealth visit shall not be recorded.