INFORMED CONSENT FOR TELEHEALTH

CHECKLIST

Based on the above information, you attest your understanding to the following:

________ I will work with my Leader Navigator to identify an alternative communication method (mostoften phone) in the event that the videoconferencing tool fails.

________ I understand that I may benefit from telehealth but those results cannot be guaranteed or assured.

________ I understand and accept I will be held accountable for making sure that I am in a private area when engaging in services, to ensure confidentiality for myself, and for others engaging in the PNCC groups. And, I understand that I will be asked to leave the group and will NOT get credit for the class and will need to sign up for the class, again.

________ I agree not to record telehealth sessions.

________ I agree to be dressed as if I were attending an in-person in-person session.

________I understand the potential benefits of telehealth, which are:

The Client and Facilitator can engage in services without being in the same physical location. It is also more convenient.

It reduces travel time for the Client

________I understand the potential risks and consequences of telemedicine, which are:

Other people to overhear sessions if you are not in a private place during the session. Technical issues could result in a lost connection.

Possible out of pocket costs for the Client due to data usage or other cost that could incur.

My Lead Navigator has discussed with me the information listed above. I have had the opportunity to ask questions about the information and all of my questions have been answered. I understand the written information provided above.

Date: ____

Signature: ____

If signed by someone other than Client, indicate relationship: ____________________

THIS FORM MUST BE PLACED IN THE MEDICAL RECORD.
A COPY MAY BE GIVEN TO THE CLIENT.