I, _____, hereby give consent to Fred Finch
(Participant/Guardian Name)

Youth & Family Services (FF), to provide supportive services, including but not limited to mental health counseling and/or psychiatric medication services, with me/my family via video conference ("telehealth"). I understand and agree that:

1. I have decided to receive telehealth services instead of, or in addition to, other alternatives, and I realize that this is not the same as a face-to-face service.

2. I understand that telehealth may have benefits, including more timely access to care.

3. I understand that there are potential risks to using this technology. These risks, which are rare and cannot be predicted, include interruptions, poor connections, equipment failure, or security failures (e.g., hacking) that result in unauthorized access and/or a breach of private information. In some cases, the video connection could result in poor image or audio quality which could interfere with the decisions or guidance provided by my provider. Unless otherwise requested by you or your guardian, FF's standard is to use secure (encrypted) technology for these services, in order to minimize these risks.

4. I understand that my health care provider or I can discontinue the telehealth session if it is felt that the telehealth connection is not adequate for the situation.

5. While low, there is the risk that these video conversations may be overheard by uninvited individuals near me, similar to that when using a phone. I will use caution when using my own equipment to ensure others cannot overhear my telehealth meetings.

6. I understand that the telehealth session will not be audio or video recorded unless I provide a separate consent, and that we will both disable recording on the devices we are using to the best of our abilities.

7. I will have access to any written documents reviewed or provided during the telehealth meeting.

8. Telehealth exchanges are held to the same strict confidentiality standards as other services. As with any other services, my private information will not be released unless I authorize it or it is required by law. (In California, FF is required to notify authorities if we become convinced a client is about to physically harm someone, harm themselves, or if they are abusing or about to abuse children, the elderly, or the disabled.)

9. If we are concerned about you or we lose contact with you, or if you fail to show for a scheduled telehealth session, we will contact you by phone to check on your well-being. In addition, if you show signs of being in real trouble, we may contact someone you have given permission to contact and/or emergency services.

10. Telehealth is not an emergency service, and that if I am or my child is experiencing an emergency/crisis before, during or after a telehealth session, I will ask for help. Some available options include:

- Ask my staff for help during or after the meeting or
- If not during business hours, I will call my on-call staff (if available in my program) or
- Call 911, or
- Proceed to the nearest hospital emergency room for help.
- I will also refer to my safety plan, if one is in place.
- If I am having suicidal thoughts or making plans to harm myself, I may call the National Suicide Prevention Lifeline at 1- 800-273-TALK (8255) for free 24-hour hotline support.

11. My FF staff has shown me how to schedule a session and use this telehealth system, including what to do if the connection fails, which may be to simply use the phone.

12. I have had a direct conversation with FF staff during which I had the opportunity to ask questions regarding to this the use of telehealth. My questions have been answered and the risks and benefits, and any practical alternatives have been discussed with me in language which I understand.

13. I may revoke my consent at any time and understand that refusal to sign this form will NOT affect my/my child's eligibility to receive services.

_____	_____	_____
Participant Name (Printed)	Participant (Signature)	Date
_____	_____	_____
Legal Guardian Name (Printed)	Legal Guardian (Signature)	Date
_____	_____	_____
Staff Name (Printed)	Staff (Signature)	Date

Staff Attestation to Receipt of Verbal Consent from Participant/Guardian

I attest to the fact that I have reviewed this document with the participant/guardian named above, that I have confirmed their understanding and obtained their verbal consent, and that I will obtain their written consent as soon as practical.

_____	_____	_____
Staff Name (Printed)	Staff (Signature)	Date