

Consent to Participate in Remote/Virtual Services due to COVID-19

In order to reduce possible exposure to COVID-19 (Coronavirus), **AGENCY NAME** is implementing virtual services/visits via interactive video conferencing and virtual visits by telephone. **This is a temporary measure in response to the COVID-19 virus to ensure services continue to be accessible during this time.**

1. **Purpose:** The purpose of this form is to obtain your consent to participate in virtual services provided by **AGENCY NAME**.
2. **Your Rights:** You may withhold or withdrawal your consent at any time before or during the consent without affecting the right to future care or treatment.
3. **Risks and Benefits:** Please read and indicated by signature you have read each statement and understand each of the following:

A. I understand that there may be limitations to image quality or other electronic problems that are beyond the control of the provider.

B. I understand that in some instances, security protocols could fail, causing a breach of privacy of personal information.

C. I understand that virtual services are being used during the COVID-19 pandemic as a way to reduce potential exposure to the virus and that face-to-face encounters will resume once the risks associated with the virus have been minimized.

D. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that a higher level of care is required.

In case of emergency, I need to know your location. You agree to inform me of the address you are at in the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only.

In case of emergency, location:

In case of emergency, contact:

By signing below, I agree that I have received an explanation of how the video/audio technology will be used to conduct services. I understand there are limitations to the technology and the process of virtual meetings, including the potential for incomplete exchange or loss of information. I understand and consent to participate in and be videotaped and recorded during **AGENCY NAME** services. I understand the written information above, and voluntarily and freely agree to give my consent to take part in virtual services currently offered by **AGENCY NAME**.

Parent/Caregiver Signature

Date

Client Signature

Date

Staff Signature

Date