



I understand that telehealth services use electronic information and communication technology to deliver and receive program services. I have chosen to participate in group services through this format.

- I am responsible for maintaining confidentiality by securing a private location where others cannot see or hear the session.
- I will not record, photograph, or otherwise capture any part of the session.
- Sessions will be conducted through a secure two-way video connection. Staff and other participants will be able to see and hear me, and I will be able to see and hear them.
- At the start of each session, I will identify myself (roll call) and be prepared to participate for the duration of the scheduled group.
- The telehealth connection will be used only during scheduled sessions.
- I have been informed of the potential risks, benefits, and limitations of receiving services via telehealth.
- I understand that maintaining privacy is critical and that a breach of confidentiality may result in consequences, including removal from services.
- I have had the opportunity to ask questions about the telehealth process and my rights and responsibilities.

By signing this agreement, I confirm that I understand the information provided above and consent to participate in group services through telehealth.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_