



Consent to Participate in a Telehealth Appointment

Client Name Date of Birth Date

The Calli Institute (Calli) uses a secure virtual care platform, compliant with the Health Insurance Portability and Accountability Act (HIPAA), to deliver clinical services via Telehealth. The purpose of this form is to obtain your consent to participate in a Telehealth visit with your providers via a video call-based technology (a “telehealth visit”).

By signing below, you understand and agree that:

1. **You understand and agree to the nature of a telehealth visit.** Prior to a telehealth visit, you attest to having a direct conversation with your provider, during which you had the opportunity to discuss the risks and benefits of telehealth visits, discuss an emergency plan in the event of a mental health emergency during a telehealth visit, and ask questions about the nature of telehealth visits. You agree that you have been given opportunity to ask questions and that your questions have been answered to your satisfaction.
2. **What will occur during the telehealth visit? During the telehealth visit:**
 - a. Details of your mood and health information, and other information your Calli provider may ask, which will be discussed via the use of interactive video, audio and telecommunications technology.
 - b. Technical personnel may be summoned to assist with any technical questions during the telehealth visit or to aid with the video transmission if questions should arise. You will be informed of the need to request assistance from the technical support team and may choose to decline that support.
3. **Limits of telehealth visits.** Telehealth may be used by your provider to deliver clinical services to you. It is possible that telehealth may not be as complete as face-to-face treatment and is not intended to replace an initial in-person visit with a full face-to-face evaluation by a mental health provider. We offer the telehealth option as a convenience to our clients and believe you may benefit from telehealth services; however, results cannot be guaranteed or assured.
4. **Medical information and records.** All existing laws regarding the confidentiality of your medical information still apply to any telehealth visit. Dissemination of any information from this telehealth interaction to other entities shall not occur without your consent, unless authorized by law.
5. **Right to care.** You are under no obligation to use telehealth and may withdraw at any time. Clinical services delivered via telehealth will be routinely assessed for effectiveness. You or your provider may decide to discontinue treatment via telehealth if technology-based sessions are ineffective. You have the right to access your medical information and copies of medical records in accordance with federal and state law. Should you decide to re-disclose this information to any other third party, it is no longer protected by HIPAA.
6. **Risks.** There are potential risks to using telehealth technology, including interruptions, unauthorized access and technical difficulties. You or your provider can discontinue the telehealth session, at any point, if it is determined that the provider or client location is not appropriate or if it is felt that the videoconferencing connections are not adequate for the situation. In that scenario, your provider will call you via telephone to make arrangements to complete the visit.
7. **Sharing information.** Calli’s Notice of Privacy Practices applies to our telehealth visits as well; we may use and disclose your personal health information (PHI) as stated in our Notice of Privacy Practices.
8. **Revocation.** You may withdraw or revoke this permission at any time, by notifying us in writing. Your consent will end when we receive your signed request and have acted upon it. However, your decision to revoke consent will not affect or undo any previously completed telehealth sessions that occurred before you revoked your consent.

Client/Parent/Guardian Printed Name: _____

Client/Parent/Guardian Signature: _____ Date: _____