

INFORMED CONSENT

1. I understand that engaging in a telemedicine consultation is voluntary. I am choosing to participate in this method of therapy and can choose to not participate or not answer questions at any time.
2. I understand that the video conferencing technology used in this consultation will not be exactly the same as an in-person health care provider-consumer visit due to the fact that I will not be in the same room as my health care provider.
3. While I understand that my tele mental health session is being conducted over a highly secure technical system, I accept the potential risks of this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine consultation if it is felt that the videoconferencing connections are not adequate for the situation. I agree that if the video conferencing connection drops while I am in a session, my phone line will be available to contact my health care provider or to be contacted by my health care provider.
4. I understand that my tele mental health session will not be recorded or photographed at any time unless I have given specific written consent. However, I understand that my healthcare or demographic information may be shared with other individuals for scheduling and billing purposes. Also, it may become necessary for others to be present during the consultation other than my health care provider in order to operate the video equipment. The above mentioned persons will maintain confidentiality of any information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:
 - (a) Omit specific details of my medical history that are personally sensitive to me
 - (b) Ask non-medical personnel to leave the room
 - (c) Terminate the consultation at any time
5. If an emergency situation occurs during a tele mental health consultation, then I understand my therapist will contact emergency services and my emergency contacts according to an established safety plan. The responsibility of the SkyTherapist healthcare provider will conclude upon the termination of the videoconferencing connection.
6. I understand that I have the opportunity to ask further questions or discuss the process further during my videoconferencing session. Even though I may have a need to discuss this process further, I agree to continue with this process and understand the risks, benefits and any practical alternatives. I understand the alternatives to a telemental health consultation and am choosing to participate in a telemedicine consultation. By clicking 'I Agree', I certify:
 - That I have read this form read and/or have had this form explained to me
 - That I fully understand and am comfortable with its contents including the risks and benefits
 - That my questions have been answered to my satisfaction and I am giving consent to proceed with my telemental health session on this platform