ABUNDANT
WELLNESS
樂康源

Informed Consent for Telehealth Services

Definition of Telehealth

Telehealth involves the use of electronic communication to enable music therapist from Abundant Wellness to connect with individuals using interactive video and audio communications.

Telehealth services includes the practice of Guided Imagery of Music (GIM), Focused Music Imagery (FMI), Music Breathing (MB) and Focusing Oriented Expressive Arts (FOAT).

I understand that I have the rights with respect to telehealth:

1. I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adults abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. Video, audio and/or digital photo may be recorded during the telehealth visit. I also understand that the dissemination of any personally identifiable images or information from the telehealth interactions to other entities shall not occur without my verbal consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the music therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my persona information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Abundant Wellness utilizes secure, encrypted audio/video transmission software to deliver telehealth, if possible.

4. I understand that if my music therapist believes I would be better served by another form of intervention (e.g. face-to-face services), I will be referred to a mental health professional associated with any form of psychotherapy, and that despite my efforts and efforts of my therapist, my condition may not improve, and in some cases may even get worse.

5. I understand the alternatives to therapy through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. The use of video technology may not be equivalent to direct professional contact. I also understand that at my request or at the direction of my therapist, I may be directed to “face-to-face” therapy services.

6. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

7. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy/therapy services, If I am in crisis or in an emergency I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

8. I understand that different states and countries have different regulations for the use of telehealth.

Patient Consent to the use of the Telehealth

I have read and understand the information provided above regarding telehealth, have discussed with my therapist, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services, and have had my questions regarding the procedures explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____
Print Name

_____ _____
Client's Signature Date

_____ _____
Parent or Guardian Signature Date