

**OWLS' NEST NORTH THERAPY JOINT, LLC
CONSENT TO SERVICES DELIVERED VIA TECHNOLOGY**



Client Name: _____

1. I understand that my health care provider wishes me to engage therapy/counseling delivered over phone and/or HIPAA-compliant video-conference in crisis and/or emergency situations that necessitate physical distance.
2. My health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my provider or I can discontinue the visit if it is felt that the videoconferencing or phone connections are not adequate for the situation.
4. I understand that my provider will be in a confidential space during the delivery of services and that I will do the same. ONN is not responsible for breaches in confidential space on your end.
5. I understand that this mode of service delivery is only offered during emergency or crisis situations, and I will not expect it in other times.
6. I understand that billing will occur from ONN and its approved alternate sites.
7. I have had a direct conversation with my provider, during which I had the opportunity to ask questions regarding the services I will be receiving. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client

Date

Co-client or legal guardian

Date

Co-client or legal guardian

Date

Witness

Date