



Children's International[®]

MEDICAL GROUP

Consent for Telehealth Services

I _____, parent/legal guardian of _____
DOB _____ consent to telehealth services offered by CIMG with the
following understanding and stipulations:

- a. Telehealth **MUST** be initiated by the patient/legal guardian.
- b. The parent/legal guardian **MUST** attest to the patient being at home.
- c. Telehealth services are only offered to established patients. New patients would not qualify for the telehealth visit as provider **MUST** have access to consent to treat, pertinent medical and social history.
- d. The patient **and** the caregiver/legal guardian **MUST** be present throughout the entire visit.
- e. The caregiver/legal guardian **MUST** confirm the patient's date of birth to authenticate the patient's identity.
- f. The provider **MUST** disclose telehealth limitations.
- g. The caregiver/legal guardian **MUST** verbally express understanding and consent to the Telehealth visit.
- h. Appropriate and uninterrupted video and/or audio signal must be available throughout the visit.
- i. HIPAA regulation **MUST** be followed.

Furthermore, I understand that telehealth services are a courtesy service provided by CIMG with the intent to improve and facilitate access to Behavioral Health care. If I do not keep my telehealth appointment, I understand that I will be discharged from the program and all future visits will have to be in person at the clinic.

Date: _____

Parent/Legal Guardian Signature _____