

ALAMO MENTAL HEALTH GROUP
Informed Consent for Telemental-health Services

By Signing this Form, I understand the following:

Telemental-health is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the AMHG provider; and I hereby give consent to Alamo Mental Health Group to provide mental health care services to me via Telemental-health.

1. The laws that protect privacy and the confidentiality of medical information also apply to Telemental-health.
2. My insurance carrier may have access to my medical records for quality review/audit and claims payment.
3. ***I am responsible for all payments, copayments or coinsurances that apply to my Telemental-health visit, including all charges associated with Telemental-health services not covered by my insurance plan.***

I understand that there are possible risks with Telemental-health Services:

1. Despite our best efforts to protect the privacy of patient information, security protocol could fail causing a breach of privacy of personal medical information.
2. Information provided through Telemental-health service to the AMHG provider may be insufficient (e.g. due to poor resolution of images or poor audio) to allow for full treatment and general medical care decisions to be made.
3. Delays in the initial evaluation and/or treatment may occur due to failures of the electronic equipment.

I understand:

1. Non-medical personnel may be present to assist in operating video conferencing equipment. I will be informed of any non-medical personnel present during the video conference.
2. I also understand that if the provider believes I would be better served by a traditional face-to-face encounter, they may, at any stop the telemental health visit and schedule a face-to-face visit.
2. I understand that I may expect the anticipated benefits from the use of telemental-health in my care, but that no results can be guaranteed or assured.

I also acknowledge and understand the following:

1. I have the right to withhold or withdraw my consent to the use of Telemental-health during my care at any time, without affecting my right to future care or treatment.

I may revoke my consent in writing at any time by contacting Alamo Mental Health Group at 210-614-8400. If this consent has not been revoked, Alamo Mental Health Group may provide health care services to me via Telemental-health without the need for me to sign another consent form.

Patient Name

email Address

Patient/Guardian Signature

Date

PT Chart Number

GENERAL CONSENT FOR CHILD OR DEPENDENT TREATMENT

I am the legal guardian or legal representative of the patient and on the patient's behalf legally authorize AMHG and its providers to deliver mental health care services to the patient. I also understand that all policies described in this statement apply to the patient I represent.

Patient Name

email Address

Signature of Legal Guardian/Legal Representative

Date

PT Chart Number