Authorization and Consent to Participate in Telehealth Service

Client Name: _____ Date of Birth:_____/_____/_____

This Authorizes: Herndon Consulting, LLC dba BeMeBetter Phone: 505-293-2881 Fax: 888-506-2110

Telehealth involves the use of electronic communications to enable providers at different locations to assist in evaluation and treatment. Electronic systems used will incorporate network and software security protocols to protect client confidentiality.

By signing this form, I understand the following:

1. The provider will be at a different location from me.

2. Laws that protect private and confidential information also apply to telehealth. No information obtained in the use of telehealth which identifies me will be disclosed to other entities without my written consent.

3. Reasonable efforts have been made to eliminate any risks associated with telehealth services and all existing confidentiality protections apply to information disclosed.

4. There are potential risks to this technology. These include but are not limited to:
   - Interruption of the audio/video link
   - Disconnection of the audio/video link
   - Other technical difficulties

   If any of these risks occur, the session might need to be stopped.

5. I have the right to 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.

I have read and understand the information provided above regarding telehealth. I hereby give Herndon Consulting, LLC dba BeMeBetter my informed consent for the use of telehealth in my care.

_____	_____	_____
Client's Signature if 14 years or older	Client's Signature	Date
_____	_____	_____
Client's Signature	Relationship	Date
_____	_____	_____
Witness	Printed name	Date

If the client is legally competent, the client must sign this form. If the client is competent, but unable to sign, the client's mark of consent may be witnessed. If the client is legally incompetent, the form may be signed by the guardian or conservator only. If the client is a minor, a parent may sign.