

Consent for Outpatient Treatment

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This document is to obtain your informed consent for evaluation and treatment. Please ask for clarification if you don't fully understand the recommendations.

I hereby consent to a psychiatric evaluation and subsequent treatment, subject to my ongoing involvement in providing consent. I understand that if I wish to accept treatment I have the right to have the risks and benefits of treatment options, including not having any treatment, explained to me to my satisfaction. I understand that I may at any time refuse any intervention in which I do not wish to participate.

Participation in Telemedicine Services

To better serve the needs in the community, some behavioral health care services are now available by interactive video communications, sometimes referred to as "telemedicine". Using telemedicine, you may be evaluated and treated by a provider from a distant location. Since this may be different than the type of service with which you are familiar, the following additional information is being provided.

- The provider at the distant location is licensed in the state of Kansas, and you will be informed as to what type of license they have.
- You will be informed if any additional personnel are present at the distant location and will have a chance to request that they not be present.
- Health care providers at both your location and the distant location will have access to any relevant medical information about you, including any psychiatric and/or psychological information, alcohol, and/or drug use, and mental health records.
- The provider at the distant location will document the service, and information will be shared between providers at your location and the distant location.
- Your privacy and confidentiality will be protected. The potential of the interactive video communications being intercepted is similar to the potential of a phone call being intercepted.

There is a slight risk of equipment malfunction, which could interrupt the service.

Your participation in telemedicine is voluntary, and you may refuse to participate or decide to stop participation at any time. If you refuse to participate or decide to stop participation, you may seek traditional behavioral health care services through Prairie View (if available) or another provider of your choice. This could result in delays in service, need to travel, or the risks associated with having a delay in behavioral health care services.

Initial Here _____ I consent to the use of telemedicine.

Printed Name of Patient

Sign Here

Signature of Patient

Date: _____ Time: _____

I understand that by typing my name I am electronically signing this document.

Prairie View Representative

Date: _____ Time: _____

Printed Name of Representative

Sign Here

Signature of Representative

Description of Representative's Authority
(e.g. Parent, Legal Guardian, Durable Power of Attorney, etc.)

Date: _____ Time: _____