

TARZANA TREATMENT CENTERS
CONSENT TO PARTICIPATE IN TELEHEALTHSERVICES

I authorize **TARZANA TREATMENT CENTERS, INC. (TTC)**, its employees, and/or members of its medical staff to use video conferencing and/ or the telephone to perform examinations, procedures, treatments, outpatient services under the general and special instructions of qualified medical personnel employed by the facility.

It has been explained to me how the video conferencing technology will be used to affect such a consultation. I understand that this 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.

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate or provide technical assistance with the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination room; and/or (3) terminate the consultation at any time.

I authorize that information contained in my medical record may be released to any member of the TTC treatment team(s), for purposes of my care, while receiving care from TTC.

I have had the alternatives to a telehealth consultation explained to me, and in choosing to participate in a telehealth consultation I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.

In an emergent consultation, I understand that the responsibility of the telehealth consulting specialist is to advise me to contact 911 and that the healthcare provider's responsibility will conclude upon the termination of the video conference and/or telephone connection.

TTC is subject to State and Federal Confidentiality Regulations. TTC adheres to all HIPAA rules for all patient information, and CFR 42, Part 2 for drug and alcohol patient information. HIPAA rules permit sharing patient information with other patient care givers to aid in your care. However, if we release any drug and alcohol patient information we will obtain your consent to do so. In the event of an emergency, in a life threatening situation, all information regarding a patient's medical/physical and drug and alcohol status may be released to bona fide medical personnel. Medical records and/or other information may also be released pursuant to a Court Order.

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TTC accepts patients for participation in telehealth and other forms of care without regard to race, color, national origin, age, sex, or handicap.

Section 11166 of the California Penal Code requires any healthcare provider who has knowledge or observes a child in his or her professional capacity or, within the scope of his or her employment, who he or she knows or reasonably suspects has been the victim of child abuse, to report known or suspected instances of child abuse to a child protective agency immediately or as soon as possible. It is the policy of TTC to report all cases of suspected child abuse. The Federal Confidentiality Regulations (CFR 42, Part 2) permits the reporting of suspected child abuse and neglect to appropriate State or local authorities in accordance with state law.

California Senate Bill 3988 defines Elder Abuse as the abuse of adults by families, friends, or guardians. Elder abuse may include: Physical Abuse, neglect, mental abuse, or Financial Exploitation. Tarzana Treatment Center in compliance with Senate Bill 3988, shall report all known or suspected cases of Elder abuse to the Adult Protective Services as required by law.

I have read this document carefully, and understand the risks and benefits of the teleconferencing consultation and have had my questions regarding the procedure explained and I hereby consent to participate in one or more telehealth visits under the terms described herein.

Please print patient's full legal name

Patient, Parent or Guardian electronic signature

Date

Please print patient's name. Sign and date.

Fax to 818-996-5166

Or mail to:

Assessment & Referral
Attn: Telehealth
Tarzana Treatment Centers
18646 Oxnard Street
Tarzana, CA 91356

If you have questions please call **800-996-1051**