



**4 HEALING CENTER
ANIMALS 4 HEALING**

Helping children, adults, and veterans who have experienced a trauma achieve balance through connecting their body, mind, heart, and spirit bridging traditional and experiential therapies with the assistance of animals, nature, music, and movement.

To our patients and families:

Thank you for choosing us for your telehealth care. Patients and families are essential participants in health care and we want you to understand your rights and responsibilities while receiving care from us. By participating in telehealth care, you acknowledge you have read and agreed with our telehealth policies. If you have any questions about this form, please ask your provider. If you are a parent/legally-authorized representative of a child, please read this agreement with the understanding that “I” and “me” means the child.

1. **Consent for Treatment:** I consent to telehealth care performed by my provider and all other associated mental health care providers at 4 Healing Center (4HC) and/or Animals 4 Healing (A4H) (the “Providers”). I understand that I have the option to refuse mental health care services by telehealth at any time without affecting my right to future care or treatment, and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled.

2. **Consent for Telehealth Services:** Telehealth involves transmission of video and/or audio (“Data”) between myself and the provider. All Data is sent by secure electronic means to facilitate therapeutic services being performed. I understand that: • I will be informed of any other people who are present at either end of the telehealth encounter, and have the right to exclude anyone from either location. • All confidentiality protections required by law or regulation will apply to my care. • I have the right to refuse or stop participation in telehealth services at any time and request alternate services such as an in-person appointment, once in-person appointments resume. • If I do not want to receive health care services by telehealth, it will not affect my right to future care or treatment, or any insurance/ program benefits to which I would otherwise be entitled. • If an emergency occurs during a telehealth encounter, I should call 911 and stay on the video connection (if applicable) until help arrives.

3. **Records and Release of Information:** Transmitted Data may become part of my medical record. Data will not be transmitted to people outside my health care team except as described below, and/or if I provide additional written consent. • I will have access to all of the information in my medical record resulting from the telehealth services that I would have for a similar in-person visit, as provided by federal and state law. • The Providers may use or disclose my health information for treatment, continuity of care, payment, or internal operations, or when required by law or regulation in certain unique situations. • All releases of information are subject to the same laws and regulations as in-person care.



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4. Payment Agreement/ Assignment of Benefits: I agree to be responsible for any co-payments, deductibles, or other charges from the Providers and their providers that are not covered or paid by insurance or other third party payors – except as prohibited by any state or federal law, or any agreement between my insurance company and the Providers of 4 Healing Center and/or Animals 4 Healing.

I authorize the Providers to file any claims for payment of any portion of the patient bills, and assign all rights and benefits payable for mental health care services to the provider or organization furnishing the services. I agree, subject to state and federal law, to pay all costs, attorney fees, expenses, delinquent charges, and interest in the event the Providers have to take action to collect the same because of my failure to pay all incurred charges in full. It is my responsibility to know what providers and telehealth services are covered under my insurance plan. I understand that I may be billed and agree to pay all bills submitted by the Providers and/or other providers involved with the provision of telehealth services.

5. Consent to be Contacted (Telephone Consumer Protection Act): By providing a telephone number (landline or cellular) or other wireless device, I agree that in order for the Providers, 4HC, A4H, and/or other providers involved with the provision of telehealth services to service my account(s) (including contacting me about appointment reminders, surveys, obtaining information for my account(s)), or to collect any amounts I may owe, the Providers, 4HC, A4H, and/or other providers involved with the provision of telehealth services may contact me at the telephone number(s) provided which could result in charges to me. I expressly consent that methods of contact may include SMS text messages, phone calls, including automated technology such as an auto-dialing device, prerecorded messages, and artificial voice messages as applicable. This consent applies to all services and billing associated with my account(s).

6. I have the right to decline SMS (short message service) text messages and automatically-dialed appointment reminders. If I wish to decline these services, I will let my provider know.

