



Informed Consent to Telehealth Services and Office Policies

Please DOWNLOAD and complete forms in Acrobat (not in the web browser), save, email to Admin@midvalleyhealthcare.com , RoxanneH@midvalleyhealthcare.com , and Gillies.Katie@midvalleyhealthcare.com

Note: **By printing your name on the signature line, you consent to treatment.**

This form describes MidValley Healthcare's Telehealth treatment and payment policies and includes:

- Your consent to receive behavioral health treatment from MidValley Healthcare (and your other rights and responsibilities);
- Your agreement to receive services using telehealth technology; and
- Your agreement to pay in full any charges that are your responsibility.

By typing my name and clicking "I agree to Terms of Use" **on the line below**, I understand and agree that I am signing this Consent electronically and that (i) I have reviewed, understand and accept the risks and benefits of telehealth services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent, including the terms of the MidValley Healthcare Privacy Notice described below.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to behavioral health services, and I accept financial responsibility for services rendered.

1. By using the MidValley Healthcare telehealth portal, I agree to receive telehealth services. Telehealth involves the delivery of behavioral health services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my MidValley Healthcare provider and I will be able to see and speak with each other from remote locations inside the state of Idaho. While my provider will be in a secure location and using a secure internet, it is my responsibility to secure my session on my end (internet and private location).
2. I understand and agree that:
 - I will not be in the same location or room as my behavioral health provider.
 - My MidValley Healthcare provider is licensed in the state in which I am receiving services. I will report my location accurately during each session.
 - Potential benefits of telehealth (which are not guaranteed or assured) include: (i) access to behavioral health care if I am unable to travel to my MidValley Healthcare provider's

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office; (ii) more efficient behavioral health evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, behavioral health staff and other individuals at a physical location.

- Potential risks of telehealth include: (i) limited or no availability of diagnostic laboratory and other testing, and some prescriptions, to assist my behavioral health provider in diagnosis and treatment; (ii) my provider's inability to conduct an in person examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold MidValley Healthcare responsible for lost information due to technological failures.
- I further understand that my MidValley Healthcare Provider's advice, recommendations, and or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my MidValley Healthcare provider relies on information provided by me before and during our telehealth encounter and that I must provide information about my behavioral health and behavioral health history, condition(s), and current or previous behavioral health care that is complete and accurate to the best of my ability.
- I may discuss these risks and benefits with my MidValley Healthcare provider and will be given an opportunity to ask questions about telehealth services. I have the right to withdraw this consent to telehealth services or end the telehealth session at any time without affecting my right to present or future treatment by MidValley Healthcare.
- I understand that the level of care provided by my MidValley Healthcare provider is to be the same level of care that is available to me through an in-person behavioral health visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest MidValley Healthcare office, hospital emergency department or other appropriate health care provider.
- I have the right to receive face-to-face behavioral health services at any time by traveling to a MidValley Healthcare office that is convenient to me.
- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

3. I consent to, understand and agree that:

- I have the right to discuss the risks and benefits of all courses of treatment proposed by my behavioral health care provider(s), together with any available alternatives.
- MidValley Healthcare will provide care consistent with the prevailing standards of psychiatric practice but makes no assurances or guarantees as to the results of treatment.
- Before prescribing any controlled substance to me, MidValley Healthcare may review information from the Prescription Drug Monitoring Program in my state of residence regarding my prior receipt of controlled substances.
- My MidValley Healthcare provider **will not prescribe opioids** to me during a telehealth visit.

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- The laws of the state of Idaho will apply to my receipt of telehealth services.

MidValley Healthcare Notice of Privacy Practices (“Privacy Notice”)

MidValley Healthcare will protect the privacy of my health information and will not use or disclose it except as permitted by law. MidValley Healthcare’s privacy policies are more fully described in the Privacy Notice, which is available for review and download here:

<https://midvalleyhealthcare.com/Portals/0/Forms/RightsofPatient.pdf>

By signing this Consent, I acknowledge receipt of the Privacy Notice and consent to MidValley Healthcare’s use and disclosure of my health information in accordance with its terms. I understand that all existing confidentiality protections that apply to in-person treatment apply to telehealth services.

By signing below, I hereby consent to the treatment to be provided by MidValley Healthcare. I understand that treatment will be discussed prior to being rendered. (*Consent must be given in order to be seen*)

Patient/guardian signature: _____ Date: _____

Patient Name (print): _____ DOB: _____

Please print a copy of this consent and office policy for your records.