AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

The purpose of this form is to obtain your consent to participate in telehealth services with Central Ohio Music Therapy

1) **Purpose and Benefits.** The purpose of this telehealth consent is to establish or maintain access to music therapy services when face-to-face contact is restricted or not available.

2) **Nature of Music Therapy Telehealth Services**:
   a) Details of you and/or your child's medical history, music therapy assessment, and current issues in groups/choirs may be discussed through the use of interactive video, audio and telecommunications technology.
   b) Nonmedical technical personnel may be present in the telehealth studio to aid in video transmission.
   c) Video, audio, and/or digital photo may be recorded during the telehealth visit.

3) **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to telehealth visits. Additionally, dissemination of any patient-identifiable images or information from this telehealth interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

4) **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telehealth visits. All existing confidentiality protections under federal and Ohio Law apply to information disclosed during telehealth visits.

5) **Risks and Consequences.** Telehealth visits wil be similar to typical visits, except interactive video technology wil al ow you to communicate with the music therapist at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to professional contact.

6) **Rights.** You may withhold or withdraw consent to telehealth visits at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

7) Financial Agreement- Sessions will be billed prior to services. Any refunds issues will be at the discretion of Central Ohio Music Therapy.

I have been advised of all the potential risks, consequences and benefits of telehealth services. My Music Therapist has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.