



Thank you for your interest in using Telehealth as a service delivery method for you and your child. Arizona law requires that consent be signed prior to the start of services delivered via Telehealth. Please read the consent information below. You will be provided a copy upon request for your records.

Parent(s)/Guardian Acknowledgment and Statement of Consent

I understand that my child and family may receive therapy services via a Telehealth method. I understand that Arizona law requires that I consent to the following:

1. I have the option to refuse or stop the delivery of therapy services via the Telehealth method at any time and request alternate services such as an in-person appointment. However, I understand that equivalent in-person services might not be available at the same time as Telehealth services.
2. 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.
3. All confidentiality protections required by law or regulation shall apply to Telehealth services.
4. 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.
5. Telehealth sessions will not be recorded by me or by the provider unless prior notification and consent has been obtained by both parties.

I give my consent for the use of the Telehealth method.

Printed Name _____ Date: _____

Signed Name _____