Parkaire Consultants, Inc.

4939 Lower Roswell Road □ Building C □ Suite 201 □ Marietta, GA 30068 □ (770) 578-1519 ● fax (770) 578-0860

Telecommunication Informed Consent

In this electronic era, clients must be aware that there are risks to confidentiality and privacy whether clinical services are provided in-home, in-office, via phone, via Skype, etc.

Consultation, education, coaching and therapy may be delivered via e-mail, telephone or video conferencing. There are risks and benefits associated with communicating via electronic media. While we make every effort to protect communications, it is important that you read this agreement carefully in order to provide informed consent for services.

This agreement outlines possible risks and benefits. By signing this form, I understand that the term "telecommunication" may include consultation, education, and treatment that may consist of the transfer of medical and or personal data about myself or my family members, e-mails, telephone conversations and education using interactive audio, video, or electronic communications.

I understand that telecommunication/coaching/consultation also may involve the communication of my medical/mental health information, both verbally and visually. I understand that I have the following rights with respect to telecommunication:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

(2) The laws that protect the confidentiality of my medical information also may apply to telecommunication. As such, I understand that the information disclosed by me during the course of my therapy, coaching or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

(3) I understand that there are risks and consequences from telecommunication, including, but not limited to the possibility, despite reasonable efforts on the part of my consultant, that:
   (a) The transmission of my information could be disrupted or distorted by technical failures;
   (b) The transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

(4) Telecommunication services are billed at the same hourly rate as regular office visits.

I have read and understand the information provided above. I have been provided the opportunity to discuss any questions with my clinician and or staff, and my questions have been answered to my satisfaction.

_____ _____

Printed Name of Client/Parent/Guardian Date

_____ _____

Signature of Client/Parent/Guardian Date

Communication Addendum to the Informed Consent Agreement

Secure and private communication cannot be fully assured utilizing cell/smart phone or regular email technologies. It is the client's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact Parkaire Consultants, Inc. will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client. Please check below which modes of communication are permitted and which are not permitted. This consent may be altered at any time should circumstances or preferences change.

In the event that the client chooses not to allow non-secure modes of communication, contact will only be made via wire to wire phone, wire to wire fax, or mail.

Voice communication to client/parent/guardian's cell/smart phone for:

Scheduling appointments	☐ Permitted	☐ Not permitted
Appointment reminders	☐ Permitted	☐ Not permitted
Between session contact	☐ Permitted	☐ Not permitted

Fax communication to client/parent/guardian's non-secure fax or E-fax for:

Scheduling appointments	☐ Permitted	☐ Not permitted
Appointment reminders	☐ Permitted	☐ Not permitted
Between session contact	☐ Permitted	☐ Not permitted

If permitted, list permitted fax number(s):_____

Contact via the client/parent/guardian's email for:

Scheduling appointments	☐ Permitted	☐ Not permitted
Appointment reminders	☐ Permitted	☐ Not permitted
Between session contact	☐ Permitted	☐ Not permitted

If permitted, list permitted email address(es): _____

Teleconferencing based on communication to client/parent/guardian's portal for:

Scheduling appointments	☐ Permitted	☐ Not permitted
Appointment reminders	☐ Permitted	☐ Not permitted
Between session contact	☐ Permitted	☐ Not permitted

If permitted, list permitted portal site:_____

Teleconferencing based on communication from Parkaire Consultants, Inc.'s portal for:

Scheduling appointments	☐ Permitted	☐ Not permitted
Appointment reminders	☐ Permitted	☐ Not permitted
Between session contact	☐ Permitted	☐ Not permitted

If permitted, list permitted portal site(s):_____

Statement of Validation Regarding Communication Addendum to the Informed Consent Agreement:

I have read this Statement of Services, it has been adequately explained to me, and I understand its contents.

_____
Printed Name of Client/Parent/Guardian

_____ _____
Signature of Client/Parent/Guardian Date

_____
Printed Name/Credentials of Clinician

_____ _____
Signature/Credentials of Clinician Date