

# VALLEY | CITIES

## Behavioral Healthcare

COMPASSION. CONNECTION. COMMUNITY.

## Telehealth Consent

### By signing this document, I acknowledge:

1. I may refuse consent for telehealth services at any time without it affecting my right to continue services with Valley Cities. Valley Cities may discontinue telehealth services if those services do not appear to be a benefit to me therapeutically.
2. I will not share my telehealth appointment link or information with anyone who is not approved to attend the session. I understand that I am responsible to ensure privacy at my location and that Valley Cities will ensure privacy at their location. I am aware that confidential information may be discussed during a telehealth session.
3. I understand there are potential risks to using telehealth, including but not limited to, interruptions, unauthorized access to the session, and technical difficulties. Valley Cities is not responsible for technical difficulties over which they have no control.
4. I will not record audio or video of any telehealth session. Valley Cities will not record a telehealth session unless I am informed and provide written consent.
5. If I have questions about telehealth, I may discuss these with Valley Cities at any time.

***I have read and understand the information provided above and I give my consent for the use of telehealth services.***

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Signature of Client

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Printed name

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Date