



RIVER OAK CENTER FOR CHILDREN, INC.  
5445 Laurel Hills Drive, Sacramento, CA 95841

## CONSENT FOR TELEHEALTH SERVICES

River Oak Center for Children in accordance with the Healthcare Insurance Portability & Accountability Act (HIPAA), Sacramento County Guidelines and other relevant regulations may provide approved Telehealth Services as an option when barriers to treatment services exist. Telehealth is a type of mental health service conducted in real-time with an interactive audio and video webcam between you and River Oak direct service staff or psychiatrist who are located at an alternative site. Telehealth typically describes the delivery of evaluations, on-going care/treatment and, if appropriate, prescribe medications through the use of video-conferencing.

This consent focuses specifically on video teleconferencing (VTC), a form of live two-way interactive telecommunication between River Oak staff and you. This may include interaction between you, family members and other service providers.

### The benefits of participating may include:

- Increasing your access to River Oak Staff and treatment
- Flexibility in serving you better when barriers to service exist
- Facilitates continuity of care in a more convenient community location for you
- All existing confidentiality protections apply

### The risks of participating include:

- The video connection may fail and result in an inability to complete treatment
- Transmission of information could be dropped or distorted by technical failures in transmission and disrupt the clinical exchange of information
- Video connection and/or electronic communication involving Telehealth may not always be secure and could result in a disclosure of information

### Rights:

While Telehealth Services are available, it in no way diminishes your opportunity to have and use face-to-face visits with River Oak Staff. You also have the option to withhold consent at this time or to withdraw this consent at any time, including anytime during the session, without affecting the right to future care and treatment.

### Consent:

By signing below, I consent to Telehealth Services with River Oak Staff and Psychiatrist in circumstances when they cannot be physically present to provide treatment services. River Oak staff have discussed with me the guidelines, benefits and risks associated with Telehealth Services and a plan for responding to emergencies during teleconferencing sessions has been established. I further understand that neither I, my parent/guardian or legal representative nor River Oak is authorized to video or voice record these sessions and therefore no video nor voice recordings will be made or kept.

This consent does NOT extend to any further use.

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**Printed Name & Signature of Client (age 12 and older required)**

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**Date**

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**Printed Name & Signature of Parent, Guardian or Representative**

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**Date**

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**Printed Name and Signature of Staff**

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**Date**