Southeast
Kansas
Mental Health
Center

Televideo Mental Health/Chemical Abuse Consent Form

I understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

2. The potential benefit of Southeast Kansas Mental Health Center televideo mental health/chemical abuse services is that I will be able to talk with mental health/chemical abuse staff or providers from this local setting for an evaluation of my needs.

3. The potential risk of Southeast Kansas Mental Health Center televideo mental health/chemical abuse services is that there could be a partial or complete failure of the equipment being used which could result in the inability of the mental health/chemical abuse staff or provider to complete the evaluation, mental health /chemical abuse services, and/or prescription process.

4. No video or voice recording is made or preserved of any Southeast Kansas Mental Health Center televideo mental health/chemical abuse service session.

5. All existing or applicable protections for confidentiality apply to any Southeast Kansas Mental Health Center televideo mental health/chemical abuse service session.

6. All existing laws regarding client access to mental health/chemical abuse information and copies of mental health/chemical abuse records apply to any Southeast Kansas Mental Health Center televideo mental health/chemical abuse service session.

I consent to Southeast Kansas Mental Health Center televideo mental health/chemical abuse services in circumstances in which mental health/chemical abuse staff or providers appropriate to my needs are not immediately available at my site. My mental health/chemical abuse care provider 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.

_____ _____

Signature of Client Date

_____ _____ _____

Signature of Responsible Adult Relationship to Client Date

_____ _____

Signature of Witness/Interpreter Date