

FAMILY ENRICHMENT, INC.
820 South 75th Street, Omaha NE 68114
Phone: 402-391-2477 Fax: 402-397-4268

Telehealth Consent

The below statement is pursuant to the 1999 Nebraska Telehealth Act and your signature will indicate your understanding of this information. Your signed statement will become a part of your record at Family Enrichment.

- (1) You retain the option to refuse a telehealth consultation at any time without affecting your right to future care or treatment and without risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All of your existing confidentiality protections will apply to your telehealth consultation.
- (3) You will have access to all medical information resulting from the telehealth consultation as provided by law.
- (4) Dissemination of any identifiable images or information from the telehealth consultation to researchers or other entities will not occur without your written consent.
- (5) If you are a minor, incapacitated, mentally incompetent, or otherwise unable to sign this statement, the signature of your legally authorized representative will be accepted.
- (6) Your signature will not be required in emergency situations in which you are unable to sign this statement or, if a legally authorized representative is unavailable.

Client Printed Name

Client Signature

Date

Provider Printed Name

Provider Signature

Date