



Telehealth Informed Consent Form

Client Name: _____ **Date of Birth:** _____

If, during the course of service delivery with I Am Boundless, Inc. (Boundless), telehealth services are recommended as a mode of receiving healthcare services by my provider, I consent to engage in such telehealth services. I understand that telehealth may include evaluation, assessment, consultation, treatment planning, and the delivery of healthcare treatment services. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications in compliance with all applicable laws, standards, or regulations as are applicable at the time of delivery.

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or end consent at any time without affecting my right to receive other or future care or treatment.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions will be held in confidence and not released unless otherwise mandated or allowed by law.
3. I understand that despite the benefits that may be present from the receipt of telehealth services, there may also be risks related to receiving services via telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Boundless, that:
 - a. Telehealth-based services and care may not be as complete and in-person services. Note: I understand that if my provider believes I would be better served by other interventions I will be referred to a provider who may provide those services.
 - b. There may be risks to my privacy or confidentiality based on the location where I choose to receive telehealth services and technology/ internet/ phone security which are outside the control of Boundless. I agree that I am aware of these potential issues and will not hold Boundless or its staff liable for the actions of persons or companies outside of Boundless' control.
 - c. There may be risks to my health if I am in a crisis or emergency and Boundless' intervention in such a situation will be limited to coordination of crisis stabilization, including with local emergency or crisis responders. I understand that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document I understand that emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal, I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.
4. I understand I have the right to access copies of my protected health information in accordance with applicable laws, standards, regulations, and Boundless' policies and procedures.

I have read and understand the information provided above. I have had the opportunity to discuss these points and any questions or concerns I have been addressed to my satisfaction.

Signature: _____

Date: _____



Consent for Electronic Communication

Client Name: _____ **Date of Birth:** _____

I Am Boundless, Inc., and all of its affiliated companies, offers electronic communication options in an effort to remove access to care barriers and expedite service delivery. In order to engage in electronic communication with I Am Boundless, Inc., I understand and consent to the following:

1. I understand that federal and Ohio laws protecting the privacy and confidentiality of patient information apply to electronic communication of that information. I Am Boundless, Inc. has made reasonable and appropriate efforts to eliminate any confidentiality risks associated with the use of electronic communications and will comply with all applicable laws, rules, and regulations related to privacy and confidentiality of protected health information, including HIPAA, HITECH, and 42 C.F.R., Part 2.
2. I understand that despite reasonable and compliant efforts to protect the privacy and security of electronic communication transmitted or received by I Am Boundless, Inc., it is not possible to completely guarantee confidentiality and that there are potential privacy risks that I might encounter, including but not limited to: a) People in my home or other environments who may access my phone, computer, or other devices that I use to communicate with I Am Boundless, Inc., b) Loss of my cellular phone, computer, or other devices, c) Email accounts being hacked or mis-delivery of email to an incorrectly typed address, d) Third parties on the Internet such as server administrators who monitor Internet traffic might intercept my communication, e) Electronic communication can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of myself or I Am Boundless, Inc., and f) Any additional risks that may be a result of unsecured Internet and/or email use.
3. I understand that electronic communication can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
4. I understand that electronic communication may be disclosed in accordance with applicable mandated reporting requirements under the law.
5. I understand that electronic communication can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.
6. I understand that electronic communication is not an appropriate substitute for in-person or over-the-telephone communication with providers.
7. I understand that I Am Boundless, Inc., is not responsible for information loss due to technical failures associated with my software or internet service provider.
8. I understand that I have the right to revoke my consent for electronic communication and that it is my responsibility to notify I Am Boundless, Inc., if I no longer want to engage in electronic communication.

By signing this document, I acknowledge that I have read the above, understand the potential risks and am consenting to engage in electronic communication with I Am Boundless, Inc. I also acknowledge that I am consenting to the use of my electronic signature on applicable documents for the purpose of service delivery by I Am Boundless, Inc., and all of its affiliated companies.

Signature: _____

Date: _____