**Consent to Participate in Remote/Virtual Services**

CDS Family and Behavioral Health Services (CDS) can provide virtual services/visits via interactive video conferencing and virtual visits by telephone to help reduce barriers to service.

1. Purpose: The purpose of this form is to obtain your consent to participate in virtual services provided by CDS.

2. Your Rights: You may withhold or withdrawal your consent at any time before or during the consent without affecting the right to future care. You may request in person sessions at any time.

3. Risks and Benefits: Please read and indicate that by signature you have read each statement and understand each of the following:

a. I understand that there may be limitations to image or sound quality or other electronic problems that are beyond the control of the provider.

b. I understand that in some instances, security protocols could fail, causing a breach of privacy of personal information.

c. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that a higher level of care is required.

d. In the event of a life threatening emergency, be aware that we may use the emergency contact information recorded in your file.

By signing below, I agree that I have received an explanation of how the video/audio technology will be used to conduct services. I understand there are limitations/ challenges to technology (including but not limited to the process of virtual meetings, security issues, the potential for incomplete exchange or loss of information). I understand and consent to participate in and be videotaped and recorded. I understand the written information above, and voluntarily and freely agree to give my consent to take part in virtual services currently offered by CDS.

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Parent/Guardian Signature Date

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Participant Signature Date

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Staff Signature Date