



CONSENT FOR SERVICES USING EMAIL & TELEVIDEO/ TELECONFERENCING TECHNOLOGY

PATIENT'S INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH
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Arkansas Families First, LLC (“Clinic”) offers patients the opportunity to conduct certain psychological services through Televideo/Teleconferencing technologies. This form documents your consent to participate in email and Televideo/Teleconferencing services, and provides guidelines regarding the use of such services.

**IN CASE OF AN EMERGENCY, DO NOT ATTEMPT TO USE TELEVIDEO/
TELECONFERENCING OR EMAIL. CALL 911.**

TELEVIDEO / TELECONFERENCING SERVICES

Arkansas Families First, LLC, utilizes HIPAA compliant video conferencing software made available through securevideo.com. If you have elected to utilize Televideo/Teleconferencing services through video conferencing, you must also consent to emailing with your clinician and with the video conferencing host site, zoom.com. You will receive an email from zoom.com about the scheduled appointment. The email will provide steps for you to follow in order join the video conferencing session. In some cases, additional software will need to be downloaded in order to participate. The email from zoom.com will walk you through the process of scheduling and joining the session. If the videoconferencing software does not operate satisfactorily, you can opt to discontinue videoconferencing and resume the session over the telephone, or to cancel the session at no cost to you and schedule an in-person session at a later date. Video Conferencing software works best when all participants have an external microphone and headset, although the mic and speakers built into most laptops usually work sufficiently.

CANCELLATIONS AND MISSED APPOINTMENTS: All AFF policies for cancellations and missed appointments are strictly applied to televideo / teleconferencing services. Please cancel all appointments 24 hours in advance to avoid being billed.

EMAIL USE: Email communications should be between the Clinic and an adult patient 18 years of age or older, or the parent or guardian of a minor.

DO NOT USE EMAIL FOR: For communicating sensitive medical information such as diagnosis, personal and family information, treatment records etc. Do not send attachments or forwarded emails. Do not use Email to request records. Please call.

CREATING A MESSAGE: In the “Subject” line of the email, please include general topic of your message (i.e. appointment, billing question, prescription, etc.). In the body of the message, please include the patient’s name and date of birth. This information is necessary to verify your identity and make sure we pull the correct medical file. Content of the Email should only be used for non-sensitive and non-urgent issues.

EMAIL MESSAGE: Communications are appropriate for administrative tasks only, such as the following types of transactions:

- Appointment scheduling;
- Requests for Resources
- Referrals

RESPONSE TIME: Although Arkansas Families First Clinics will endeavor to read and respond within 24 hours to any Email, we cannot guarantee that any particular Email will be responded to within any particular period of time.

If you have not received a response within 3 days, please call your Clinic.

DOCUMENTATION: Email communications regarding treatment will be documented in your Medical Record by placing a copy of the message in your file.

ENDING EMAIL: You may discontinue using Email as a means of communication by sending an Email or letter to the Clinic.

PRIVACY, SECURITY, AND CONFIDENTIALITY: Although Arkansas Families First, LLC, has selected respectable Venders of Email, Televideo/TeleConferencing services and implements reasonable technical safeguards, the Clinic cannot and does not guarantee the privacy, security or confidentiality of any communication sent or received over the Internet. There is a potential that Emails, video, or other information, sent or received over the Internet can be intercepted, altered, forwarded, and / or read by others. The Clinic is not responsible for communication that is lost due to technical failure during composition, transmission, or storage. The Clinic will not forward Emails to independent third parties without your prior written consent, except as authorized or required by law. If any of this is a concern to you, you should not communicate with the Clinic through internet-based technologies.

COPY: A copy of this consent form may serve as the original. I know that I have a right to obtain a copy of this consent form if I request one.

I acknowledge that I have read and fully understand this consent form and that I voluntarily request the use of Email and/or televideo or teleconferencing technology as one form of communication and/or service with Arkansas Families First, LLC.

Signature:	Date:
Relationship to patient:	