



TELEHEALTH/VIRTUAL LESSON CONSENT FORM

Print Participant Name: _____

Participant DOB: 0/0/0000

Parent/Guardian Name: _____

The Shea Center would like to offer you the opportunity to receive telehealth/virtual lessons. This means that the assigned therapist/instructor who you will be seeing will not be in the same room with you. You will be talking with the therapist/instructor in a live video session. This video session is not being recorded.

The Shea Center has currently suspended face-to-face therapy visits. We will resume services as soon as we are able. Your cost will be consistent with your current billing rate.

If you agree to receive telehealth/virtual lesson services, The Shea Center cannot control the privacy of the environment at the location where you choose to have your telehealth/virtual lesson. If someone at your location overhears your exchange with your therapist/instructor, or sees a screen where you are communicating with your therapist/instructor, your protected health information will be disclosed to that person. It is your responsibility to secure your own privacy in the place where you receive the services.

{{*Consent_es_:signer:dropdown(options="I AGREE, I DO NOT AGREE")}} to have telehealth/virtual lessons.

If you marked, "I AGREE to have telehealth/virtual lessons", your consent is valid throughout the period you receive telehealth/virtual lesson services. You may withdraw your consent at any time in writing to The Shea Center.

{{Sig_es_:signer:signature}}

Signature of adult client, or parent, guardian or conservator of the participant

{{Dte_es_:signer:date}}

Date