



East Orange Psychiatric Associates, LLP

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Telehealth Services – Client Consent

The use of Telehealth provides increased access to mental health and substance use services and enhances services to adults, children and families.

Telehealth is defined as the use of two-way real-time interactive audio and video equipment to provide and support clinical care at a distance. It does NOT include a telephone conversation, electronic mail message or facsimile transmission. Telehealth services can be utilized for assessment and treatment services provided by the provider in a site distant from the location of the patient.

As a patient, I understand I have the following rights regarding Telehealth:

- The right to refuse to participate in telehealth services at any time, in which sessions will be conducted in-person by the clinician(s) based on availability,
- To be informed of the distant/hub site and all questions regarding the equipment, the technology, etc are addressed,
- To be informed of all parties who will be present at each end of the telehealth transmission,
- If the patient is a minor, the patient and his or her parent or guardian shall be given the opportunity to provide input regarding who will be in the room with the patient when telehealth services are provided,
- Telehealth sessions may not be recorded without my written consent

I understand that all office clinical and billing policies such as missed appointments, are applicable to Telehealth services.

I agree to participate in and receive telehealth services

I have chosen not to participate in telehealth services

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Staff/Witness Name: _____

Date: _____

****Please, fill out the form and fax to 1(866)733-1910 or email to EOPA633@yahoo.com. If you have any questions, please contact our office at (845) 565-0600****