OMNI HEALTH SERVICES CONSENT TO TREATMENT

By signing this form, I understand and agree with the following:
Telehealth/Telemedicine involves the use of electronic communications to enable healthcare providers to provide patient services for the purpose of improving patient care. Telehealth services can be provided from Omni's onsite staff or staff who are working from secure remote locations. By providing consent, you are indicating that you will be in a private and secure location to receive services.
Service providers may include Clinical Therapists, Psychiatrists, Nurse Practitioners, Advanced Nurse Practitioners, Certified Peer Specialists, Behavioral Consultants, Mobile Therapists, Behavioral Health Technicians and other healthcare providers who are part of your clinical care team. Friends and family may join and participate on the telehealth service if appropriate and I agree to share my personal information with such family members, caregivers, legal representatives or guardians. The information may be used for diagnosis, therapy, follow-up and/or education. Telehealth/Telemedicine requires transmission, via Internet or tele-communication device, of health information, which may include:
• Progress reports, treatment plans, assessments, or other intervention-related documents
• Bio-physiological data transmitted electronically
• Videos, pictures, text messages, audio, and any digital form of data.

Omni utilizes HIPPA compliant software for service provision which includes Vonage VOIP phone system and Zoom Telehealth platforms. As with any Internet-based communication, I understand that there is a risk of security breach. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. Individuals other than my clinical care team or consulting providers may also be present and have access to my information for the telehealth/telemedicine session. This is so they can operate or repair the video or audio equipment used. These persons will adhere to applicable privacy and security policies.
Telehealth/telemedicine sessions may not always be possible. Disruptions of signals or problems with the Internet's infrastructure may cause broadcast and reception problems (e.g., poor picture or sound quality, dropped connections, audio interference) that prevent effective interaction between consulting clinician(s), participant, patient or care team.

I have the right to withhold or withdraw consent to the use of telehealth/telemedicine services at any time and revert to traditional in-person clinic services. I understand that if I withdraw my consent for telehealth/telemedicine, it will not affect any future services.
I understand that I may receive the following behavioral health services based on the program:

Program Selected IBHS Services

The selected program above includes the services offered within that program. You and your therapist/care provider will decide together what services will assist you toward your goals as you build your treatment plan. These services have been explained to me along with the benefits and risks of each choice.
I understand that I am an active participant in the development of my treatment goals and ongoing treatment planning while receiving services at OMNI Health Services, Inc.
I understand that I am under the care of mental health professionals and that they will make recommendations for my care. I understand that I may not agree with all service recommendations made. However, I will have the benefits and risks of each service explained to assist me in making an informed decision about my care.
I consent to the recording of my consent for treatment in an electronic format which includes audio and video. If I choose not to consent to electronic recordings, Omni will be unable to provide telehealth services and will provide in person services.
I understand for any child under the age of 5, the caregiver will need to participate in the provision of services, ages 6 to 9, observe the service provision and 10 to 13, a caregiver should be available.
I have had the behavioral health services offered in my OMNI Program explained, and I agree to receive treatment at OMNI Health Services, Inc.
(Required Field: Must be checked to receive any services) ACCEPTED:YES

Printed Name of Client AA

Signature of Client: OR Parent/Guardian if under 14 years of age/PA;If under 18 Years of age/NJ Check if consent received verbally:(Requires second witness) Psychiatrist/Psychologist/Therapist Print Name

Signature of Omni Witness:

Second Omni Witness for Verbal Consent Signature: (Only needed for verbal consent)

Electronic Consent Recorded

Submit