



TELEHEALTH PARTICIPANT AND PROVIDER AGREEMENT

Participant / Caregiver / Legal Guardian Agrees to:

- _____ Attend scheduled advocacy, case management, coordinated entry, or therapy appointments:
In my home Another approved secure location: _____
- _____ Attend all scheduled sessions and will call Domestic Abuse Project services provider if unable to attend.
- _____ Arrive to sessions on time, if I am 15 or more minutes late, I understand I may not be seen by my provider that day and it will be considered a missed appointment.
- _____ Attend sessions in a secure location and understand that if it appears to the provider that I am not at my home or previously approved secure location the session will be ended immediately.
- _____ Follow Domestic Abuse Project's services participation agreement and understand that if I choose not to, I may not be able to continue telehealth services.
- _____ Attend sessions free of the influence of alcohol or other illegal chemicals.
- _____ Complete a participant safety/emergency plan as part of the sent program paperwork or at my first telehealth session and will follow that plan if a crisis arises.
- _____ Contact my local emergency room or county crisis mental health support if I am experiencing a mental health crisis between sessions.
- _____ Complete all necessary consents, screeners, releases, and additional paperwork properly, in a timely manner, and return it to the Domestic Abuse Project.
- _____ Agree to not record any sessions or conversations without the written consent of everyone who is participating in the service(s) (including Domestic Abuse Project providers). ***Recording sessions, phone calls, etc. without written permission, as stated above, could result in termination from programming and restriction from service access at the Domestic Abuse Project.***



Domestic Abuse Project Provider Agrees to:

- Conduct services effectively and in accordance with standard practices.
- Conduct services in an ethical and professional manner.
- Maintain a set schedule and will let participants know as soon as possible about planned absences.
- Maintain confidentiality, with the understanding that there are situations that I cannot legally keep confidential. For example, high risk of suicide, child abuse, or harm to others that are discussed or observed.
- Agree to not record any sessions or conversations without written consent of everyone who is participating in the service(s).

Domestic Abuse Project reserves the right to terminate telehealth services at any time for any reason.

Participant Name

Caregiver / Legal Guardian Name (if applicable)

Participant / Caregiver / Legal Guardian Signature

Date