

# Harmony United Psychiatric Care

## Consent for Telehealth

This form must be completed for Telehealth Services

Telehealth technology is currently being utilized by Harmony United Psychiatric Care to provide health care services throughout Florida. Telehealth technology enables real-time communication between clients/patients and health care providers using live video conferencing.

As of the effective date below, I **authorize** Harmony United Psychiatric Care to perform health care services via Telehealth, including but not limited to psychiatric medication management, psychotherapy/ counseling, and other services. **[Check here]**

OR

As of the effective date below, I **withdraw my authorization** for Harmony United Psychiatric Care to conduct health care services via Telehealth, including but not limited to psychiatric medication management, psychotherapy/counseling, and other services. **[Check here]**

\_\_\_\_\_  
Print Name of Client/Patient or Parent / Legal Representative

\_\_\_\_\_  
Signature of Client/Patient or Parent/ Legal Representative

\_\_\_\_\_  
Date Effective