

**BLUE VALLEY BEHAVIORAL HEALTH**  
**Telehealth Student Consent Form**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

I agree to have my child receive his/her YAP (Youth Assistance Program) services provided via Telehealth if my child is not in school due to COVID-19 or other related reasons. I understand that the behavioral health care provider is located in an alternate approved location.

A telehealth service means that your visit with a practitioner at the distant site will happen by using the approved Zoom service.

This consent is valid for one year for follow-up telehealth services with the health care provider.

I also understand that:

- I can decline the telehealth service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in-person if I decline the telehealth service.
- The same confidentiality protections that apply to my other behavioral health care also apply to the telehealth service.
- I will have access to all behavioral health treatment information resulting from the telehealth service as provided by law and according to the existing Blue Valley Behavioral Health confidentiality policies.
- The information from the telehealth service cannot be released to anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my telehealth service.
- I may exclude anyone from any site during this telehealth service as appropriate
- I may see an appropriately trained staff in-person immediately after the telehealth service if an urgent need arises OR I will be told ahead of time that this is not available.
- If I decline the telehealth services, the other option/alternative available is in-person services.

In addition, when Telehealth is being performed outside of my child's designated school (i.e. student's house) and the Zoom service is used:

- I agree that only my child and/or approved family member will be participating in this telehealth service and will inform the BVBH counselor on the other telehealth location if anyone else is participating on my site.

- I agree that I will only use the identified telehealth site specifically with BVBH and will not contact the BVBH staff (call, text, video) using this platform and will only use it for scheduled telehealth appointments.
- I understand that BVBH will not respond to any communication from my telehealth site outside of the scheduled telehealth appointment.
- I agree that I am able to participate in this telehealth service under normal circumstances and will discontinue this service voluntarily.
- I agree that I do not hold BVBH responsible for the confidentiality, transmission or service quality of the telehealth service.
- I agree that I will discontinue the use of the Zoom telehealth service when directed by BVBH staff and will not discontinue it unless the BVBH staff have agreed upon it.

I have read this document carefully, understand its contents, will comply with the above stated expectations and seek additional information if necessary.

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Parent/Guardian Signature

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Date

If signing this form electronically from BVBH's website, in order to send it to BVBH:

- Save this completed document and send as an email attachment to [paperwork@bvbh.net](mailto:paperwork@bvbh.net)