



Compassion Behavioral Health Services
484 Tollage Creek Road
Pikeville, KY 41501
Phone: 606-888-7337
Fax: 606-432-1616



Compassion Pediatrics Behavioral Health Telehealth Services Agreement and Policies

Patient Name: _____

Patient DOB: _____

Depending on the availability of service professionals, Compassion BHS may offer to provide service to me through a Telehealth audio and/or videoconference. I understand that Telehealth services are delivered through a secure transmission and that Compassion BHS will make every effort to ensure that all information regarding my Telehealth encounter is kept safe and private. I understand that if I am uncomfortable with the use of audio and/or videoconferencing technology, at any time, I may stop the video/audio conference and request that a traditional, in-person clinical visit be scheduled. I understand that all laws regarding the privacy and security of my Personal Health Information (PHI) as outlined by HIPAA, apply to Telehealth services as they do to all other applicable services delivered by Compassion BHS. I understand that I am not under obligation to receive services only by Telehealth, and that I can choose to receive traditional in-person services instead. In case of emergency of technological failure I can be contacted at the following secondary number: _____.

I am aware that my sessions through Telehealth are not being recorded.
I understand that there are limitations with audio and videoconferencing technology in regard to an in person visit.

Telehealth Policies:

*All telehealth appointments are not guaranteed and is up to the provider and clinics discretion.

Below are Policies that can be subject to change:

1. ALL initial appointments MUST be in person.
2. Patients on Controlled Substances for ADHD treatment MUST be in person every 3 months. If in person visit is not adhered to telehealth appointment can be denied. Refer to ADHD Controlled Substance Agreement Form.
3. Every patient must attend an in-person appointment every 4-5 months, regardless of medication regimen.
4. At this time telehealth counseling services is not available.
5. If telehealth call is missed at appointment time, Compassion Pediatrics BHS will attempt to contact patient until 6:30 pm. If the patient calls after 6:30 pm that is classified as a No Show and the patient will be re-scheduled at providers convenience.

I give my consent to have my encounter with a Compassion BHS staff member via a Telehealth service and agree to policy guidelines.

X _____
Signature of patient (ages 16 years or older)

Date:

X _____
Signature of legal representative for patient under 16

Date: