



CBPS Services Agreement

Telehealth and Teletherapy Addendum

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
(Required) Email address and phone number where we can reach you about/before/during teletherapy appointments: \_\_\_\_\_
Email for teletherapy: \_\_\_\_\_ Phone at time of teletherapy: \_\_\_\_\_
(Required) Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

The purpose of this Addendum to the CBPS Services Agreement is to provide patients and/or their guardians with information about CBPS's Telehealth Services and to obtain your written consent for those services.

- Definitions: "Telehealth" refers to healthcare that is provided using telecommunications technology rather than in-person.
Voluntary nature: You are not required to receive telehealth services in order to receive services at CBPS.
Similarities to in-person services: Telehealth services are similar to in-person services in many ways...
Differences: Telehealth services are different from in-person services in some ways...
Technology: CBPS telehealth services are provided by means of videoconferencing technology...
Benefits: Benefits of telehealth services include access to a CBPS clinician when transportation, distance, symptoms, or other barriers make in-person appointments inconvenient...
Risks: Risks of telehealth services include potential security breaches...
Client responsibilities: Your responsibilities include ensuring for each appointment that: 1) you are located in the State of Maryland...
Permission to record: Neither the clinician nor the client are permitted to share or make any recording of the telehealth sessions...
Insurance coverage: Although CBPS fees are the same for in-person and telehealth services, we cannot guarantee that your insurance coverage will be the same.
[ ] please call us regarding insurance coverage for teletherapy at CBPS.

OR [ ] we have been informed by your current insurance carrier, \_\_\_\_\_, that teletherapy at CBPS:
[ ] is covered the same as in person services [ ] is not covered [ ] other: \_\_\_\_\_

\*Note that insurers often give us incorrect information about benefits and coverage, so this information is provided for your convenience only and does not represent any guarantee of coverage. Clients without Medicaid maintain responsibility for any and all fees not covered by insurance.

Additional remarks: Beginning on March 15th, 2020, and continuing until CBPS again offers in-person appointments, whichever is later, you will not be charged more than what you would pay for an in-person appointment (your usual copay or deductible), regardless of insurance coverage for teletherapy.

Your signature below indicates that you have read this entire agreement and that you consent to telehealth services. If you are a parent or guardian consenting for a minor child, your signature also attests that the child's other parent or legal guardian does not object to these services.

Client/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_