Comfort Minds & Above Behavioral Health
9500 Ray White Rd Ste 200
Fort Worth, Texas, US - 76244

Comfort Minds & Above Behavioral Health Tele

Patient Name: *

Location of Patient: (city) *

Date of Birth: *

Provider Name: Shuntak Jerideau PMHNP-BC, MSN

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and herby consent to Shuntak Jerideau PMHNP-BC, providing mental health care services to me via telehealth.

INITIAL: *

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. Shuntak Jerideau PMHNP-BC, MSN does bill insurance and accepts cash payment. All appointments are paid in advance before the telehealth appointment will commence.
You will have access to your medical records in accordance with HIPPA.
I understand that I will be responsible for any service rendered by Shuntak Jerideau PMHNP-BC, MSN

INITIAL: *

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care of treatment. I may revoke my consent orally or in writing at any time by contacting Shuntak Jerideau PMHNP-BC, MSN. As long as this consent is in force Shuntak Jerideau may provide mental health care services to me via telehealth without the need for me to sign another consent form.

INITIAL: *

PATIENT SIGNATURE *

Date Document Signed: *