

Client: \_\_\_\_\_

DOB: \_\_\_\_\_

### **Informed Consent for Telehealth Services**

#### *What is telehealth?*

Telehealth involves the use of electronic communications to enable Soundscaping Source's music therapists to connect with clients using interactive video and audio communications.

Through these means of communication, music therapists can provide music therapy assessment, treatment, and evaluation, including music-based therapeutic experiences that are appropriate for these electronic communication methods.

I understand that:

1. The same confidentiality expectations for in-person service apply to telehealth. No recordings or photographs will be taken or disseminated without my written consent.
2. There are risks to telehealth, despite the best reasonable efforts of my music therapist. These include the possibilities of interruptions, unauthorized access, and technical difficulties.
3. My telehealth-based services and care may be different from face-to-face services because some music therapy experiences are not possible via electronic communications; however, the quality of services will not be compromised and the music therapists will continue to follow all clinical and ethical standards of practice.
4. Billing will occur as usual, per Soundscaping Source policies.
5. I have the right to withhold or withdraw my consent to the use of telehealth at any time, without affecting my right to future care.

By signing this form, I certify that:

- I have had a direct conversation with the music therapist from Soundscaping Source to answer any questions I may have about telehealth.
- I understand the risks, benefits, and any practical alternatives to telehealth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Music therapist signature: \_\_\_\_\_

Date: \_\_\_\_\_

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