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Academic & Staff Assistance Program

University of California, Santa Barbara
Academic & Staff Assistance Program (ASAP)
INFORMED CONSENT FOR ASAP SERVICES

Telehealth Services

I understand that I have the option to use telehealth services, such as phone or Zoom sessions. I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to individuals when they are is located at a different site than the provider; and hereby consent to ASAP clinicians providing health care services to me via telehealth.

I understand that the laws that protect privacy and the confidentiality of behavioral health information also apply to telehealth. I understand that I must be physically in the state of California to comply with licensing laws that govern psychologists and will comply with the requirement in order to receive telehealth services.

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 or treatment. I may revoke my consent orally or in writing at any time by contacting ASAP at 805-893-3318 or asap@hr.ucsb.edu.

As long as this consent is in force (has not been revoked), ASAP may provide health care services to me via telehealth without the need for me to sign another consent form.

☐ I have read the **Informed Consent for ASAP Services** and agree to the limits and exceptions as stated.

_____ _____
Client Printed Name Date of Birth

_____ _____
Client Signature Date

_____ _____
Clinician/witness signature Date

EMERGENCY CONTACT NAME & PHONE NUMBER

_____

UC SANTA BARBARA