RESOLUTIONS
WELLNESS GROUP

CONSENT FOR TELEHEALTH SERVICES

PATIENT IDENTIFICATION — COMPLETE ALL FIELDS

Full Legal Name (Last, First, Mi):

_____

Date of Birth: _____ Chart: _____ Date: _____

Consenting Party (if not patient): _____

Relationship: _____

Legal basis for surrogate consent (if applicable):

____ Legal guardian ____ Healthcare proxy ____ POA-Documentation on file: ____ Yes

SECTION 1: WHAT IS TELEHEALTH?

At **Resolutions Wellness Group**, we are committed to providing compassionate, high-quality addiction medicine and psychiatric care in a way that works for your life. **Telehealth** is a safe, effective, and increasingly common way to connect with your provider — from the comfort of your home, your workplace, or another private location that works best for you.

Telehealth refers to the delivery of **healthcare services** using electronic communications technology — including secure video conferencing, audio-only telephone visits (where clinically appropriate and permitted under applicable law), and secure messaging — that allow your provider and you to connect in real time when you are not in the same physical location. Telehealth visits at Resolutions Wellness Group are conducted by **licensed Texas providers** and follow the same standard of care as in-person visits. Your safety, privacy, and treatment quality are our top priorities, whether we meet in the clinic or on a screen.

We offer telehealth as a convenient option for eligible patients receiving **addiction medicine services** (including Medication-Assisted Treatment / Medications for Opioid Use Disorder, or MAT/MOUD), **outpatient psychiatric evaluation**, and **psychiatric medication management.** Telehealth gives you greater flexibility and removes common barriers — like transportation, stigma, and scheduling conflicts — so you can focus on your recovery and mental health.

Legal and Regulatory Basis

Telehealth services at Resolutions Wellness Group are provided in full compliance with the following laws and regulations:

- **Texas Occupations Code Chapter 111 (**Texas Telemedicine Law) and the Texas Medical Board's telemedicine rules ***(22 Tex. Admin. Code §174.1 et seq.)***
- **DEA regulations** governing controlled substance prescribing via telemedicine, including the **Ryan Haight Online Pharmacy Consumer Protection Act** and any applicable DEA telemedicine special registration or active federal flexibilities
- **SAMHSA telehealth guidance** for Medications for Opioid Use Disorder (MOUD)
- **HIPAA** (Health Insurance Portability and Accountability Act of 1996)
- **42 CFR Part 2** (Confidentiality of Substance Use Disorder Patient Records)

SECTION 2: SERVICES AVAILABLE VIA TELEHEALTH AT RESOLUTIONS WELLNESS GROUP

The following services may be available via telehealth at Resolutions Wellness Group. Services offered via telehealth may vary based on clinical appropriateness, regulatory requirements, and provider determination. The clinic will indicate which services are currently available to you.

____ New patient psychiatric evaluation (diagnostic assessment)

____ Follow-up psychiatric medication management visits

____ MAT/MOUD follow-up visits (buprenorphine and naltrexone management)

____ MAT/MOUD induction consultation (subject to applicable DEA and SAMHSA regulatory requirements; see Section 5.4)

____ Addiction medicine evaluation and follow-up

____ Individual therapy / counseling sessions **(if provided at this clinic)**

____ Group therapy or psychoeducation sessions

____ Care coordination and case management

____ Peer recovery support check-ins

____ Crisis triage and safety assessment **(not a substitute for emergency services — see Section 6)**

____ Other: _____

Important Note on In-Person Requirements

Certain services may require at least one in-person visit before telehealth services can be initiated, or may require in-person visits at regular intervals. This is consistent with applicable clinical best practices and regulatory requirements. Your provider will inform you of any in-person requirements specific to your treatment plan (see also Section 10).

SECTION 3: TECHNOLOGY REQUIREMENTS AND SETUP

3.1 – Telehealth Platform

Resolutions Wellness Group uses a **HIPAA-compliant**, encrypted telehealth platform for all video visits. Your privacy is protected through end-to-end encryption and secure authentication.

- **Link or App Download**
- **Technical Support Contact**

3.2 – Patient Technology Requirements

To participate in telehealth visits, you will need the following:

____ A smartphone, tablet, laptop, or desktop computer

____ A working camera and microphone **(for video visits)**

____ A reliable internet connection **(minimum recommended: 10 Mbps download/upload speed)**

____ A private, quiet location where you can speak freely without being overheard

____ The telehealth app or browser link provided by the clinic **(see Section 3.1)**

____ A phone number where you can be reached if the video connection fails **(see Section 8)**

3.3 – Audio-Only (Telephone) Visits

Audio-only visits **(telephone only, without video)** may be available in limited circumstances, including when clinically appropriate and documented by the provider, when the patient lacks access to video-capable technology, or in compliance with applicable Texas Medical Board rules and any currently active federal telehealth flexibilities.

Patient requests audio-only option: ____ Yes ____ No

Reason (if yes):

Audio-only visits are subject to provider approval and documentation. Not all services may be available via audio-only format. Your provider will inform you if audio-only is not appropriate for your visit type.

SECTION 4: BENEFITS OF TELEHEALTH

We believe telehealth can make quality addiction medicine and psychiatric care more accessible, more comfortable, and more consistent. Telehealth visits at Resolutions Wellness Group offer the following potential benefits:

- **Eliminates travel time and transportation barriers** — no need for a car, ride, or time off work to drive to the clinic
- **Convenient access from your preferred location** — receive care from home, work, or another private, comfortable setting
- **Reduced exposure to illness** — particularly beneficial for patients who are immunocompromised or managing health conditions

- **Reduced stigma** — attending addiction medicine or psychiatric appointments without visiting a clinic in person can feel safer and more private.
- **Increased scheduling flexibility** — telehealth can make it easier to keep appointments and stay engaged in your treatment.
- **Continuity of care** — telehealth supports uninterrupted treatment during emergencies, inclement weather, or other disruptions.
- **Access to care in rural and underserved areas of Texas** — telehealth helps bridge the gap for patients far from specialty providers.

SECTION 5: RISKS AND LIMITATIONS OF TELEHEALTH

Telehealth is a valuable and effective mode of care delivery, but it is important that you understand its limitations. By signing this form, you acknowledge the following risks and limitations of receiving services via telehealth.

5.1 – Clinical Limitations

Your provider **cannot perform a physical examination** via telehealth. Certain clinical assessments — including vital signs measurement, physical findings, injection administration, and direct observation — require an in-person visit.

Your provider may not be able to **fully evaluate certain symptoms or conditions** via telehealth and may determine that an in-person visit or referral to another provider is necessary.

In some cases, the quality of care delivered via telehealth may differ from in-person care for certain conditions or assessments.

Buprenorphine induction and injectable medications (e.g., Vivitrol/naltrexone extended-release injectable, Sublocade/buprenorphine extended-release injectable) require in-person visits for administration.

Urine drug screen (UDS) collection and direct observation must occur in person. Your provider will coordinate in-person UDS monitoring as required by your treatment plan (see Section 9).

5.2 – Technology Risks

Technical failures — including internet disruption, audio or video malfunction, or platform outages — may interrupt or prevent completion of a visit. The clinic maintains a backup communication protocol **(see Section 8)**.

Unauthorized access to electronic communications is possible, even with encryption. The clinic uses HIPAA-compliant, encrypted technology to minimize this risk.

You are responsible for the security of your own device, accounts, and internet connection.

5.3 – Privacy Risks

You are responsible for ensuring privacy on your end of the telehealth session. Resolutions Wellness Group cannot control who may be present in your location during the visit.

You should conduct all telehealth sessions in a private, secure location where you cannot be overheard.

Recording of telehealth visits by either party without the other's prior written consent is strictly prohibited (see Section 7.3).

5.4 – Prescribing Limitations

Controlled substance prescribing via telehealth is subject to both **federal and Texas law**, including DEA regulations and the **Ryan Haight Online Pharmacy Consumer Protection Act.**

Buprenorphine (Schedule III narcotic): DEA regulations regarding telemedicine prescribing of Schedule III–V controlled substances apply. The current status of any applicable DEA telemedicine special registration or COVID-era or post-COVID federal flexibilities will be communicated to you by your provider, as these regulations may change. In some circumstances, an in-person evaluation may be required before buprenorphine can be initiated or continued via telehealth.

Schedule II controlled substances (e.g., stimulant medications for ADHD such as amphetamine salts or methylphenidate): prescribing via telehealth without a prior in-person evaluation is subject to significant federal and state restrictions. Your provider will advise you of applicable requirements and whether an in-person evaluation is needed before these medications can be prescribed.

Resolutions Wellness Group complies with all applicable **Ryan Haight Act** provisions and current DEA and SAMHSA telehealth guidance. As federal regulations in this area continue to evolve, your provider will keep you informed of any changes that affect your treatment.

Regulatory Notice

Federal telehealth prescribing rules — including DEA telemedicine special registration requirements and any active COVID-era flexibilities — are subject to change. Your provider will advise you of the current applicable requirements at each relevant visit and document this discussion in your medical record.

SECTION 6: PATIENT LOCATION AND EMERGENCY PROTOCOL

6.1 – Patient Location at Time of Visit

Texas law generally requires that the patient be **physically located in the State of Texas** at the time of a telehealth visit with a Texas-licensed provider. This requirement applies to all telehealth services provided by Resolutions Wellness Group.

You must confirm your physical location at the **beginning of each telehealth visit.**

If you are located outside of Texas at the time of a scheduled visit, the visit may need to be rescheduled. Please contact the clinic in advance if you will be out of state.

Patient confirms they will be physically located in Texas during all telehealth visits: ____ Yes

6.2 – Emergency Protocol

Your safety is our highest priority. If a clinical emergency arises during a telehealth visit — including a psychiatric emergency, suicidal crisis, or acute medical emergency — your provider will take the following steps:

Step 1. Assess your immediate safety and the severity of the situation.

Step 2. Instruct you or the emergency contact person to **call 911 immediately** if there is imminent danger to life.

Step 3. Attempt to contact **911** or local emergency services on your behalf if you are unable to do so yourself, using the address information provided below.

Step 4. Remain on the line with you until emergency services have been reached, when clinically appropriate and technically possible.

Step 5. Document the emergency and all actions taken in your medical record in accordance with applicable professional and legal standards.

Emergency Contact (to be contacted during a telehealth crisis):

Emergency Contact Name :_____

Relationship to Patient :_____

Emergency Contact Phone :_____

Permission to contact emergency contact during a telehealth emergency **(even if it involves disclosing the patient's location and clinical status):** ____ Yes ____ No

Patient's physical address at time of visit **(to be confirmed verbally at the start of each telehealth visit):**

- Current address confirmed at today's visit
- Nearest emergency room to patient's home address

SECTION 7: CONFIDENTIALITY AND 42 CFR PART 2

7.1 – HIPAA and Telehealth Privacy

All telehealth services at Resolutions Wellness Group are delivered using **HIPAA-compliant,** encrypted technology. The clinic's **Notice of Privacy Practices** applies equally to telehealth visits. All health information generated during telehealth visits is Protected Health Information (PHI) and is subject to the same HIPAA protections as information generated during in-person visits. A copy of the Notice of Privacy Practices is available upon request and on file in your chart.

7.2 – 42 CFR Part 2 – Protection of SUD Records

Records generated during telehealth visits that are related to **substance use disorder (SUD) treatment** — including addiction medicine evaluations, MAT/MOUD visits, and any related clinical documentation — are protected by federal law under **42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)**. These protections apply regardless of whether the visit was conducted in person or via telehealth.

Under 42 CFR Part 2, SUD records **cannot be disclosed** without your specific written authorization, except as required by law (including medical emergencies, program audit, or valid court order). This is a higher level of protection than general HIPAA, and Resolutions Wellness Group is committed to upholding it fully.

____ Patient acknowledges 42 CFR Part 2 protection for telehealth SUD records — Initials:_____

7.3 – Recording Prohibition

Telehealth sessions may **not be recorded** by the patient or any third party present in the room without the **prior written consent of the provider.** This applies to audio recording, video recording, and screenshots. Unauthorized recording is a violation of clinic policy, may violate Texas state law (Texas Penal Code §16.02), and may result in immediate discontinuation of telehealth services.

____ **Patient confirms they will not record telehealth sessions without prior written consent from the provider** — Initials: _____

7.4 – Third Parties Present During Visit

To protect the integrity of your clinical assessment and your own privacy, you agree to disclose to your provider at the **beginning of each visit** if any other person (family member, friend, caregiver, or other individual) is present in the room. Your provider may request that third parties leave the room if their presence compromises clinical privacy, assessment accuracy, or therapeutic integrity. In some cases, the visit may be rescheduled if a private space cannot be secured.

____ **Patient agrees to disclose the presence of any third party at the start of each telehealth visit** — Initials: _____

SECTION 8: BACKUP AND CONNECTIVITY FAILURE PROTOCOL

Technical difficulties can happen. We have a clear plan to keep your care on track if a connection failure occurs during your telehealth visit:

Step 1. The patient will attempt to reconnect to the visit via the telehealth platform (wait up to 5 minutes before moving to Step 2).

Step 2. If reconnection is not successful within 5 minutes, the provider or clinic staff will attempt to contact the patient by phone at the backup number on file (see below).

Step 3. If the visit cannot be completed by video or phone, the visit will be rescheduled. The clinic will make reasonable efforts to reschedule promptly to avoid any interruption in care.

Patient Backup Phone Number	
OK to call this number?	☐ Yes ☐ No
OK to text this number?	☐ Yes ☐ No

If a prescription is pending at the time of a technical failure, the provider will:

_____

SECTION 9: UDS MONITORING DURING TELEHEALTH TREATMENT

Urine drug screening (UDS) is a standard, **non-negotiable** component of MAT/MOUD treatment and addiction medicine care. Participation in telehealth does **not** waive or reduce UDS monitoring requirements. UDS is a **clinical tool** that **supports** your safety and helps your provider make the best decisions for your treatment.

By signing this consent, you agree to the following:

- You will complete **in-person UDS collection** at the clinic or at a designated collection site at the frequency determined by your provider and treatment plan.
- You understand that telehealth visits **do not replace or exempt you from UDS monitoring** requirements.
- You understand that failure to complete required UDS, or a pattern of missed UDS, **may result in changes to your telehealth prescribing plan**, including transition to more frequent in-person visits or other clinical modifications, at the provider's discretion.

UDS Monitoring Plan During Telehealth Treatment:

Collection Location	☐ In-person at clinic ☐ Designated collection site
Frequency	

SECTION 10: IN-PERSON VISIT REQUIREMENTS

While telehealth offers significant flexibility, there are circumstances under which your provider may require you to attend an in-person visit at Resolutions Wellness Group or a designated facility. These requirements exist to protect your safety and ensure the highest quality of care.

In-person visits may be required under any of the following circumstances:

- Initial evaluation (for certain service types or medications, as determined by clinical or regulatory requirements) .
- Administration of injectable medications (Vivitrol/naltrexone ER injectable, Sublocade/buprenorphine ER injectable) .
- Concerning clinical presentation requiring physical examination or diagnostic testing.

- UDS collection or observed testing, as clinically indicated .
- Provider clinical judgment that in-person evaluation is necessary for safe and effective care .
- Regulatory or DEA requirements applicable to controlled substance prescribing.
- Any specific interval or frequency of in-person visits specified in the individual treatment plan.

In-person visit frequency specified in treatment plan.

____ **Patient acknowledges in-person visit requirements as described above**
— Initials: _____

SECTION 11: FINANCIAL AND INSURANCE CONSIDERATIONS

We want you to understand your financial rights and responsibilities related to telehealth services. Insurance coverage for telehealth varies by payor, plan type, and the specific services rendered. Resolutions Wellness Group will make every reasonable effort to verify your telehealth coverage before visits are conducted.

Texas Insurance Code §1455.004 requires most state-regulated health benefit plans to provide coverage for telehealth services on terms no less favorable than in-person services. This requirement applies to many commercial plans regulated by the Texas Department of Insurance.

Medicaid and Medicare telehealth coverage is governed by applicable federal and state rules, which may include restrictions on eligible services, patient locations, or provider types. The clinic will advise you of applicable coverage rules.

You are responsible for **co-pays, deductibles, coinsurance, and any amounts not covered by your insurance plan.**

If your insurance **does not cover** a telehealth visit, you will be **notified in advance** and given the option to reschedule as an in-person visit or to proceed at the clinic's current self-pay rate.

Good Faith Estimates are available upon request, as required by the federal No Surprises Act (26 CFR Part 149; 29 CFR Part 2590; 45 CFR Part 149). Please contact the clinic's billing department to request a Good Faith Estimate.

Insurance coverage for telehealth confirmed? ☐ Yes ☐ No ☐ Pending Verification

____ **Patient acknowledges financial responsibility for telehealth services as described above.**

— **Initials:** _____

SECTION 12: WITHDRAWAL OF CONSENT

Your participation in telehealth is always **voluntary**. You may withdraw your consent for telehealth services at any time, for any reason, **without penalty**. Withdrawing telehealth consent does not affect your right to continue receiving in-person services at Resolutions Wellness Group, and your overall care will not be jeopardized.

To withdraw your consent for telehealth, please notify the clinic in writing — by completing the clinic's **Telehealth Consent Withdrawal Form**, sending a written request to the clinic address, or submitting a written request via the patient portal.

- If you withdraw telehealth consent, your care will transition to in-person visits at the next available appointment.
- Prescription continuity will be maintained according to your provider's clinical judgment and all applicable federal and Texas law, ensuring no unsafe interruption to your medications.
- If you have questions about withdrawing telehealth consent or the transition process, please contact your care team. We are here to support you.

SECTION 13: PATIENT ACKNOWLEDGMENT AND CONSENT SIGNATURES

I_____ confirm each of the following:

- I have **read, or had read to me**, this Consent for Telehealth Services document in its entirety.
- I have had the **opportunity to ask questions** about telehealth services at Resolutions Wellness Group, and all of my questions have been answered to my satisfaction.
- I understand the **benefits, risks, and limitations** of receiving care via telehealth, as described in this form.
- I understand that telehealth does **not replace all in-person services** and that I may be required to attend in-person visits as determined by my provider and applicable law.
- I **consent to receive addiction medicine and/or psychiatric services via telehealth** from Resolutions Wellness Group, subject to the terms described in this form.
- I understand my **privacy rights** and agree not to record telehealth sessions without prior written consent from my provider.
- I understand that this consent **remains in effect for the duration of my telehealth treatment** at Resolutions Wellness Group but may be withdrawn by me in writing at any time.

Consent Checklist — Patient Initials Required for Each Item

Please initial and date each item below to confirm your understanding and agreement.

☐ **I consent to receive telehealth services at Resolutions Wellness Group**

- Initials: _____
- Date: _____

☐ **I understand the technology requirements for telehealth participation (Section 3)**

- Initials: _____
- Date: _____

☐ **I understand the clinical limitations and prescribing limitations of telehealth (Sections 5.1, 5.4)**

- Initials: _____
- Date: _____

☐ **I understand the emergency protocol and have provided my emergency contact information (Section 6)**

- Initials: _____
- Date: _____

☐ **I confirm that I will be physically located in Texas during all telehealth visits (Section 6.1)**

- Initials: _____
- Date: _____

☐ **I understand that UDS monitoring continues during telehealth treatment and am committed to completing required UDS (Section 9)**

- Initials: _____
- Date: _____

☐ **I will not record telehealth sessions without the provider's prior written consent (Section 7.3)**

- Initials: _____
- Date: _____

☐ **I acknowledge my 42 CFR Part 2 protections for SUD-related telehealth records (Section 7.2)**

- Initials: _____
- Date: _____

☐ **I understand my financial responsibilities and the financial terms for telehealth services (Section 11)**

- Initials: _____
- Date: _____

SECTION 13 (CONTINUED): SIGNATURES

Patient Signature:

Patient Signature: _____
Date : _____
Patient Printed Name : _____

Parent / Guardian Signature (if Patient is a Minor) :

Parent / Guardian Signature : _____
Date : _____
Printed Name : _____
Relationship to Patient : _____

Witness / Clinic Staff Signature:

Witness / Clinic Staff Signature : _____
Date : _____
Printed Name : _____
Role / Title : _____

Clinician / Provider Signature

Clinician / Provider Signature : _____
Date : _____
Printed Name : _____
Credentials / License # : _____

SECTION 14: CONSENT REVISION LOG

To be completed by clinic staff whenever this consent is updated, re-reviewed, or amended. Patient initials are required for each revision.

Date	Provider / Staff	Summary of Change or Review	Patient Initials

Questions About This Consent?

If you have any questions about this Consent for Telehealth Services — before, during, or after signing — please do not hesitate to ask a member of your care team at Resolutions Wellness Group. We are here to make sure you feel fully informed, comfortable, and supported in your care. Your questions are always welcome.

Document Reference: Resolutions Wellness Group — Consent for Telehealth Services | **Regulatory Basis:** Texas Occupations Code Ch. 111; 22 Tex. Admin. Code §174.1; Ryan Haight Act (21 U.S.C. §829); 42 CFR Part 2; 45 CFR Parts 160 & 164 (HIPAA); Texas Insurance Code §1455.004; No Surprises Act (Div. BB, CAA 2021) | **Form Version Date:** June 2026