



RUSH NEUROBEHAVIORAL CENTER

Building on the strengths of children, teens, and young adults

Dear Members of the RNBC family,

During these unforeseen circumstances, Rush Neurobehavioral Center is committed to continuing to provide support and services to our current clients as well as reaching out to support our community the best we can. In following with the CDC guidelines as well as the guidelines outlined by the state of Illinois and those developed by RUSH University Medical Center, we will continue to provide therapeutic and other related services through either phone or secure video conferencing. We are not providing services that require direct face to face contact at this time.

Telehealth Consent:

I understand that telehealth care may be available if appropriate for my condition. I understand that telehealth, which is the remote provision of healthcare, may include the use of an interactive video and audio connection, live video conferencing, mobile communication devices (such a smart phones and tablet computers), and remote patient monitoring. I understand that there are potential security and privacy risks with this technology, and technical concerns my arise (e.g., poor connection that may necessitate alternative communication such as phone call without video connection). I further agree to participate in telehealth care voluntarily with the understanding that there are certain technological limitations and potential risks as explain to me. I understand that if I have any further questions regarding the benefits and risks of telehealth care, I may consult with my health healthcare provider at any time. I acknowledge that I have received no warranties or guarantees with respect to the benefits to be realized or consequences of receiving telehealth care.

I agree that I will not take pictures, make video or audio recordings of my care, RUSH physicians, employees, medical staff, and students at any RUSH facility without proper authorization

I agree that my contact information, including, but not limited to, telephone numbers, residential address, and e-mail which I have provided to RUSH may be used to RUSH or those acting on its behalf to communicate with me.

I understand and agree to comply with the policies as they are described. By signing this form, I give consent to Rush Neurobehavioral Center to provide therapeutic and other related services via teletherapy. I consent to this form being electronically delivered to Rush Neurobehavioral Center.

Parent/Caregiver Signature

Date

Patient (child) Name (Print): _____



RUSH NEUROBEHAVIORAL CENTER

Building on the strengths of children, teens, and young adults

Financial Consent:

During this time of unforeseen circumstances some services may not be covered by your insurance. Several codes have been approved for use to cover the cost associated with Telehealth through Blue Cross Blue Shield as well as Cigna. Unfortunately, at this time there is no confirmation that Speech and Language services will be covered. We will continue to submit all charges as usual, but you may be left responsible for the full amount.

You may contact your insurance company and ask about CPT Codes:

- Therapeutic/Consultative services- 90791, 90837, 90836, 90846
- Speech-Language Services- **92507**, 92523, 99366 (*adding -95 or -GT modifier to indicate service provided via telehealth)
- Psychiatry Services- services are covered, please contact our clinic coordinator for specifics if needed

By signing below, I acknowledge that I am financially responsible for the service outlined above. If you would like to make any changes to the credit card you have on file, please contact our clinic coordinator at 847-933-9339.

Parent/caregiver Signature

Date

Statements Regarding COVID-19

For concerns related to possible COVID-19 symptoms including but not limited to fever, cough, and shortness of breath, you are advised to contact your physician. We also advise you to visit COVID-19 information webpage at <https://www.rush.edu/patients-visitors/coronavirus-disease-2019-covid-19-information-and-resources> (which can be reached through rush.edu), or call (888) 352-7874 with additional questions or concerns.

We would like to advise you and your family per the CDC guidelines to implement strategies to minimize your risk of exposure to COVID-19 including minimizing leaving the home where possible, not participating in small or large social events, not going out of the home if you are sick except to seek medical care, avoiding others who are sick, aggressive hand washing, and avoiding touching your face.

By signing below, I acknowledge that I have read the Statement Regarding COVID-19.

Parent/caregiver Signature

Date