Silly Billies Cares

Mandy Johnson | Peer Support Specialist - Family Support
OHA THW Registry No. 113576 | sillybilliescares.org

Phone and video peer support

Remote support consent | Read both pages with Mandy before deciding.

YOUR QUESTIONS AND CHOICES MATTER
Review the privacy notice, meeting method and form-return process with Mandy.

What this is. We can discuss agreed peer and family support by telephone or video. This does not change Mandy's role: listening, shared goals, practical support and resource navigation. It does not include diagnosis, therapy, prescribing or emergency care.

Your choice. You may ask questions, decline remote support, stop a session or withdraw this consent. Discuss available in-person options or a referral. No particular alternative, appointment or insurance payment is guaranteed.

Possible benefits and limits. Remote sessions may reduce travel and make support easier to reach. Technology can fail, and some needs are better addressed in person. Others could overhear you or gain unauthorized access to your device or messages.

Privacy and other people. Use a private place and headphones when helpful. Mandy will explain who is present and ask about anyone joining you. Discuss any needed permission before another person participates. Review the privacy notice and limits of confidentiality; this form is not a release of records.

Recording and messages. This consent does not authorize audio/video recording, saved transcription or AI note-taking during sessions. Those activities require separate review and permission. Ordinary texts and appointment forms are for scheduling; ask for an approved method to share completed forms or sensitive details.

If we disconnect or urgent help is needed. Agree on a callback plan. At each session, confirm your current location and a number to reach you. These sessions and inboxes are not emergency services. For an immediate emergency, call 911 where you are. Mandy will review how to connect local help if needed.

Before you agree. Discuss the approved phone/video method, privacy protections, available alternatives, costs, language or disability supports, and any concerns. You may ask for a copy. Consent is separate from insurance approval and does not authorize billing.

Complete the choices and consent record on the next page. The form does not submit automatically.

Silly Billies Cares

Mandy Johnson | Peer Support Specialist - Family Support
OHA THW Registry No. 113576 | sillybilliescares.org

Your choices and consent record

Keep with the preceding page | Review both pages and complete together.

YOUR QUESTIONS AND CHOICES MATTER
Review the privacy notice, meeting method and form-return process with Mandy.

Participant name

Discussion date

Agreed method(s): phone, video; approved app/account used

Device/private space readiness; language, interpreter or access supports

Other options discussed; questions, concerns or limits

Callback number and plan if the connection fails

Privacy notice/version reviewed and agreed way to receive/return forms

Consent statement: I discussed both pages, understand the remote support offered and its limits, had a chance to ask questions, and voluntarily agree to the method(s) recorded above. I understand that I can change my mind.

Participant/authorized representative signature, if written

Date

If verbal: record the person's agreement, date/time and staff name

Representative name/authority, if applicable

Next consent review due

Staff: verify consent authority and record the readiness discussion. For OHP telehealth, refresh consent at least annually; follow any stricter partner rule. Revisit sooner when the method or circumstances change. Document current location and the agreed local emergency plan in the protected service record.