

## Consent for Services

By agreeing to this consent form,

1. I confirm that I have read and fully understand the above, I have contacted the Mental Health Association with any questions I have, and I agree to adhere to the responsibilities and expected respectful conduct contained herein.

2. Please check **the box below to authorize:**

I authorize The Mental Health Association's facilitator(s) to allow us to meet via a **telehealth platform** and to send Zoom invites and group/workshop materials to my email account or via mail or delivery depending on my preference. I am aware that there may be additional charges from my internet and/or phone provider and I do not hold the Mental Health Association in Ulster County, Inc. accountable for those charges.

3. For those in Wellness program groups or those providing or who have provided the following information, for the purposes of maintaining the safety of myself and others, I consent to allowing MHA to use my phone number, email address, physical address at which MHA can connect to emergency services, and an emergency contact if needed.

4. Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Email address: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_

MHA Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_