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## **Telehealth Informed Consent**

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### Introduction to TeleHealth:

- As a client receiving behavioral services through Telehealth technologies, I understand:
- Telehealth is the delivery of behavioral health services using interactive technologies (use of audio, video, or other electronic communications) between a practitioner and a client who are not in the same physical location.
- The interactive technologies used in telehealth incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measure to safeguard the data and to aid in protecting against intentional or unintentional corruption.

### Software Security Protocols:

- Electronic systems use will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

### Benefits & Limitations

- This service is provided by technology (including but not limited to video, phone, text, apps, and email) and may not involve direct face-to-face communication. There are benefits and limitations to this service.

### Technology Requirements:

- Doxy.me will be used for HIPAA compliant video chatting. An invite to join the call will be sent to your email with the time and date of your session. Provide the email that you would like this invitation to be sent:
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- If this program doesn't work, or you do not have the software required for video chatting, the session can be conducted over the phone. Please provide the phone number you would like to use for your session:

\_\_\_\_\_

Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means. If you would like a separate email address used to send any necessary paperwork please provide it here:

\_\_\_\_\_

Local Practitioners:

- If a need for direct, in-person services arises, it is my responsibility to contact my practitioner to see if setting up an in-person appointment is available or my primary care physician if my behavioral practitioner is unavailable. I understand that an opening may not be immediately available in either office.

Self-Termination:

- I may decline any telehealth services at any time without jeopardizing my access to future care, services, and benefits.

Risk of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Modification Plan:

- My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me using the technologies we have agreed upon today, and modify our plan as needed.

Emergency Protocol:

- In emergency situations, this emergency contact may be notified:

Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Phone number: \_\_\_\_\_

- In an emergency where the practitioner feels my safety or the safety of others is in jeopardy, I understand they will contact the proper authorities, just as they would in an in-person session.

- Disruption of Service and Practitioner Communication:
- Should service be disrupted, my practitioner will communicate with me via text, phone, or email to discuss a new time and date to meet.
- For other communication, I understand I can communicate with my practitioner via text, phone, or email. I understand there may be a 24-48 hour wait before getting a response from my provider.

Client Communication:

- It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to the records or communications.
- I will take precautions to ensure that my communications are directed only to my therapist. If I do not have a safe and secure place to speak with my provider in private, I will communicate this to my practitioner to discuss alternative care options until a time when in-person sessions can safely resume.

Laws & Standards:

- The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement:

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Signature of Client or  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Practitioner

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date