



Telehealth Informed Consent

Overview

Telehealth based services require access to certain services and tools. To participate in telehealth services, patients need to give their consent with signatures. Security, benefits, and risks of the service are explained below in detail.

What is Telehealth?

Telehealth is an online service that provides support to the patients via the internet, video conferencing, phone call and chat.

Benefits and Risks of Telehealth

Telehealth services use the internet and video conferencing software, allowing patients and providers to communicate remotely. During appointments, internet technology is used, there may be a disconnection and other difficulties that are the direct result of the low internet speed.

Communication Plan

Desired communication for Telehealth services is videoconferencing technology (Doxy.me). Hence, at first providers try to provide services on videoconferencing software during the appointment date and time. If this is not successful because of the low quality of the video, low internet speed, or any other technical difficulties, providers will call patients at their designated phone number. It is advised patients to connect prior to the appointment time and check whether the internet speed, webcam, and microphone work properly as expected.

Security and Privacy

The software used in online appointments is protected securely. If patients have concerns about the security and records that will be part of the electronic record system, it is advised that patients let the provider know the concerns. Video or audio sessions will not be recorded.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical and mental health information also apply to telehealth, unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care or treatment.
3. I understand that telemedicine may involve electronic communication of my personal medical or mental health information to other medical providers.
4. I understand that if the telephone or video session fails in anyway, that my clinician will make every attempt to reach back out to me.
5. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization.

I have read and understand the information provided above regarding telehealth, have discussed it with my provider or staff persons, and all my questions have been answered to my satisfaction. I give my informed consent for the use of telehealth in my outpatient mental health care. I authorize to use telehealth during my diagnosis and treatment.

Signature

Date