

Tele-Behavioral Health Informed Consent Form

As a client receiving behavioral health services through Alderwood Counseling, I understand that there are circumstances where tele-behavioral health services are necessary and more convenient for clients and their clinician.

DEFINITION: Tele-behavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video, phone or other electronic communication) between you and your therapist rather than meeting face to face.

CONFIDENTIALITY: Tele-behavioral health incorporated network and software security to protect the confidentiality of each client. The laws and professional standards that apply to in-person services also apply fully telehealth services.

- *Electronic system used will incorporate network and software security to protect the privacy and security of health information and any imaging data.
- *Technology Requirements- Clients will need access to and familiarity with the appropriate technology in order to receive services in this manner.
- *Exchange of Information- Any required paperwork will likely be provided through postal delivery unless an encrypted means is available to send information electronically.

OPTIONAL: Tele-behavioral Health Services are optional - clients may choose to decline such services and will not jeopardize future face to face services.

RISKS: These services rely on technology which may include disruption of services due to technical difficulties; or a possible breach of confidentiality or theft of personal information in rare instances as services are dependent upon the reliability of encryption with internet services.

CONSENT: I give consent that my clinician may use Tele-behavioral Health services in the following instances:

___ When the Clinician offers such circumstances such as emergencies; illness; extended vacations or other extenuating situations.

___ I understand the majority of services will continue to be offered in the office on a face to face basis and Tele-Behavioral Health will be used only on an exceptional basis.

Confirmation of Agreement_____ Date_____

Client/Legal Guardian Printed Name_____

Client/Legal Guardian Signature_____