

Sample #1 Consent for Telehealth at ABC Agency Mental Health Services

“Telehealth” is the provision of services using telecommunication and electronic technologies where the two individuals are physically located in two different locations from each other. You and the clinician will conduct the appointment via webcam and live, interactive audio.

Telehealth at ABC Agency was developed to reduce the barriers to accessing mental health services. Telehealth can be beneficial to clients who are unable to come to a physical office on a regular basis or to those where receiving access to specialty care is limited.

Telehealth offered by ABC Agency is voluntary, and it may be ended by you at any time. Confidentiality is extremely important to us. Information that you reveal during treatment will be kept strictly confidential. The laws that protect the confidentiality of your personal information, such as HIPAA, also apply to telehealth at ABC Agency. The platform used by ABC Agency to deliver HIPAA-compliant telehealth service delivery is Doxy.me. As such, information disclosed during the course of the session is generally confidential. There are exceptions to this, however, that include the following:

- If you disclose your intention to inflict physical harm to yourself or another person;
- If you disclose that physical or sexual abuse or serious neglect of a minor child has occurred;
- If we receive a signed, valid court order requesting records; and

There are risks and consequences of Telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of ABC Agency that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons. The Doxy.me platform has a very high level of security to protect your health information. However, breaches (ie: hackers) are always a possibility with health information technology in the medical industry.

At times, Telehealth may not be as effective as face-to-face services. If an ABC Agency provider believes you would be better served by another service delivery modality (e.g. face-to-face services), they will refer you to a professional who can provide such services in your area or recommend in-person office visits.

I have been issued, and read, the document “*Telehealth Intake Tool*” that describes telehealth at ABC Agency in much more detail. I have answered the questionnaire as completely as possible.

My signature below represents that I have read this policy and consent form, that I have been given the opportunity to ask questions about the form, telehealth, and that I am consenting to participate in telehealth services at ABC Agency.

Client Name (Printed): _____

Client Signature and Date: _____

Staff Use: EHR ID#:

**Sample #2 Consent for Telehealth at ABC Agency
Mental Health Services**

1. My health care provider has explained to me how video conferencing technology will be used for our sessions in order to consult with me about my condition.
2. I understand that I will not be in the same room as my health care provider.
3. My health care provider has explained the risks, benefits and alternatives to telehealth services.
4. I understand that there are risks to using technology, including unauthorized access and technical difficulties.
5. I understand that I am responsible for securing protected health information (PHI) transmitted to my device.
6. I understand that my healthcare provider practices in the state of Kentucky and therefore abides by the ethical, legal, and professional standards of conduct as outlined in that state.
7. I understand that telehealth is not commensurate to in-person sessions and that results cannot be guaranteed.
8. I understand that my health care provider can reassess the suitability of telehealth for my condition at any time.
9. I understand that I can withdraw my consent for telehealth services at any time and seek in-person services.
10. I understand all the information that has been provided to me.
11. My questions about telehealth services have been answered by my health care provider to my satisfaction

Client Name, Signature, Date:

Other Consent Items to Consider Including:

- Training and credentials
- License number
- Physical location and contact information
- Social media policy
- Encryption policy
- Collection, documentation, tracking, and storage of client information
- Client confidentiality and the limits to confidentiality in electronic communication
- Information on reporting complaints to the board and other appropriate licensing bodies
- The specific services to be provided
- The risks and benefits of engaging in telehealth in the clinical setting
- The possibility of technology failure and alternate methods of service delivery
- Time zone differences, if any
- Cultural or language differences that may affect the delivery of services
- The possible denial of insurance benefits
- The pertinent legal rights and limitations governing practice across state lines or international boundaries