Telehealth/Telecommunications Informed Consent

As a client receiving services through telehealth technologies, I understand:

- Telehealth is the delivery of services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient 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/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

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

Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.
- It may also mean that my private health information may be transmitted from my practitioner's mobile device to my own or from my device to that of my practitioner via an 'application" (abbreviated as "app").

Self-Termination:

- I may decline telehealth services at any time without jeopardizing my access to future care, services, and benefits.
- I understand that alternative methods of service may be available to me, and that I may choose one or more of these at any time.

Risks of Technology:

- These services rely on technology, which poses risks when transmitting information that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.
- Among the risks that are presently recognized is the possibility that the technology will fail before or during an appointment, that the transmitted information in any form will be unclear or inadequate for proper use, and that the information will be intercepted by an unauthorized person or persons.

Modification Plan:

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

Client Communication:

- It is my responsibility to maintain privacy on the client end of communication.

Records:

- I understand that my telehealth interactions may be recorded and stored electronically as part of my medical records. I understand that records and disclosures will be held in confidence subject to state and/or federal law.
- I understand that I am ordinarily guaranteed access to my records and that copies of records are available to me upon my written request.

Laws & Standards:

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

Emergency Care:

- I acknowledge that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person, I am not to seek a telehealth consultation. Instead, I agree to seek care immediately through my own local health care practitioner or at the nearest hospital emergency department or by calling 911.

Final Agreement:

- I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions I have and have received satisfactory answers.
- With this knowledge, I voluntarily consent to participate in telehealth including but not limited to any care and services deemed necessary and advisable, under the terms described herein.

_____ _____

Client Printed Name Date of Birth

_____ _____

Signature of Client Date

Consent to Treat a Minor:

The above release is given on behalf of _____, Date of Birth _____ because the client is a minor/has been determined to be incompetent to give consent for the following reasons:

_____

_____

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