

4. Informed Consent: Telehealth

Client Full Name:

Information and Informed Consent for Telehealth Services

“Telehealth” includes the practice of health care delivery, diagnosis, consultation, testing and treatment using interactive audio-video communications. Telehealth may involve the electronic communication of my medical/mental healthcare information to other health care practitioners, with my consent. The rights stated below supplement those rights I have generally as a patient of the provider:

The patient has the right to withhold or withdraw consent to telehealth services at any time.

The laws that protect the confidentiality of my medical/healthcare information also apply to telehealth services. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are mandatory exceptions to confidentiality, including reporting child abuse and the imminent risk of danger to self or others. If I put my mental state at issue in certain legal proceedings, then the provider may be compelled to release otherwise confidential information about my evaluation and/or treatment.

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my provider, that the transmission of my medical information could be interrupted or distorted by technical failures or unauthorized persons, and that the electronic communication of my medical information could be accessed by unauthorized persons.

I understand that telehealth-based services and care may not be as complete or effective as face-to-face services. I also understand that if my provider believes I would be better served by in-person services, I will be referred to a provider who can provide such services in my area. I understand that there are potential risks and benefits associated with any form of services, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse. I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured

As with all medical records, I understand that I have a right to access my medical information and copies of medical records of telehealth services in accordance with New York State law

We agree to use the video-conferencing platform selected for our virtual sessions, and the provider will explain how to use it.

I will need to use a webcam or smartphone during the session.

It is important to be in a quiet, private space that is free of distractions (including cellphone or other devices) during the session.

It is important to use a secure internet connection rather than public/free Wi-Fi.

It is important to be on time. If I need to cancel or change my tele-appointment, I must notify the provider in advance by phone or email. Office policies apply for late cancellations.

We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

Minors will need the permission of the parent or legal guardian (and their contact information) to participate in telehealth sessions.

- I hereby give my informed consent for the use of telehealth in my care.
- I have read and understand the information provided above. I have discussed it with the provider, and all of my questions have been answered to my satisfaction. My signature below indicates my informed and willful consent to services.

Patient/Parent/Legal Guardian Initials:

Date: