

## **Telebehavioral Health Informed Consent**

### **Introduction:**

As a client or patient receiving behavioral services through telebehavioral health technologies, I understand that telebehavioral health is the delivery of behavioral health 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 telebehavioral health 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.

### **Identification:**

I understand that in the case where the telepractice does not include video, my practitioner will require identification to verify my identity, before each psychological service. I understand that I will be informed of the identities of all parties present during the consultation or who have access to my personal health information and of the purpose for such individuals to have such access.

### **Limitations:**

Regardless of the sophistication of today's technology, some information my practitioner would ordinarily get in in-person consultation may not be available in teleconsultation. I understand that such missing information could in some situations make it more difficult for my practitioner to understand my problems and to help me get better. My practitioner will be unable to render any emergency assistance if I experience a crisis.

### **Risks:**

I understand that telebehavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized. Among the risks that are presently recognized is the possibility that the technology will fail before or during the consultation, that the transmitted information in any form will be unclear or inadequate for proper use in the consultation(s), and that the information will be intercepted by an unauthorized person or persons.

### **Disruption of Service:**

Should service be disrupted, practitioner will attempt to re-establish communication via use of audio, video or other electronic communication.

### **Practitioner Communication:**

My practitioner will respond to communications and routine messages within one business day by phone or message via the Client Portal.

My practitioner may utilize alternative means of communication in the following circumstances:

- Disruption of service during a telebehavioral health consultation, or routine communication.
- If the practitioner has knowledge that the client is experiencing an emergency

### **Client Communication:**

- It is my responsibility to maintain privacy on the client end of communication.
- Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

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**Records:**

I understand that my telebehavioral consultation(s) may be recorded and stored electronically as part of my medical records and that consultations, test results, 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 of consultation(s) are available to me on my written request. I also understand, however, that if my practitioner, in the exercise of professional judgment, concludes that providing my records to me could threaten the safety of a human being, myself or another person, she may rightfully decline to provide them. If such a request is made and honored, I understand that I retain sole responsibility for the confidentiality of the records released to me and that I may have to pay a reasonable fee for copies.

**Secure Communication:**

Telebehavioral health consultations will be conducted on the secure, HIPAA compliant, video conferencing platform(s): Jituzu Client Portal and/or Doxyme.com

**Emergency Care:**

I acknowledge, however, that if I am facing or if I think I may be facing an emergency that could result in harm to me or to another person, I am not to seek a telebehavioral 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.**

These are the names and telephone numbers of my local emergency contacts (including local physician; crisis hotline; trusted family, friend, or adviser).

<b>X</b> _____	_____
Name	Telephone Number
<b>X</b> _____	_____
Name	Telephone Number
<b>X</b> _____	_____
Name	Telephone Number

**Alternative Means of Contacting Client in an Emergency**

<b>X</b> _____	_____
Name	Telephone Number

**Alternative Means for Client to contact Practitioner:**

Practitioner can be reached by phone or message via the Client Portal.

**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 the telebehavioral consultation(s), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.

_____	<b>X</b> _____	_____
Client Printed Name	Client Signature	Date
Evelyn Farrell, Ph.D.		
_____	_____	_____
Printed Name of Practitioner	Signature of Practitioner	Date