

Consent for Telehealth Services

Client Name: _____

DOB: _____

Introduction to Telehealth Services

Telehealth services involve the use of electronic communications to enable providers to improve client care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following: client records, live two-way audio and video, electronic communications, and output data from sound and video files.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits and Possible Risks

There is improved access to for client support when video sessions and electronic communications are given as options when needed.

The laws that protect privacy and the confidentiality of clinical information also apply to telehealth.

There are potential risks associated with the use of telehealth as well. These risks include but may not be limited to: in very rare instances, security protocols could fail and cause a breach of privacy of personal information.

Telehealth sessions are documented and billed appropriately, just like in-person sessions are billed to insurance and will also require co-pays and self-pay fees. The same requirements are in place to give 24 hours' notice if I am unable to make it or I will be required to pay a \$60 fee. If I am 15 minutes late, the therapist will not be able to begin the session.

The therapist does not have any control of what is overheard and who I am surrounded by during my video session time. It is my responsibility to find the appropriate place to attend the session. By starting an electronic session, this gives my consent for the therapist to speak freely and assume that I have the required privacy needed.

Client Consent To The Use of Telehealth

I have read and understand the information provided above regarding telehealth.

I hereby give my informed consent for the use of telehealth in my therapy sessions with Beth Miller, LCSW.

Client _____ Date: _____