



Telehealth Services Informed Consent

Overview

Telehealth includes the practice of behavioral mental health care assessment, diagnosis, consultation, psychoeducation, and treatment using virtual, video, audio, and/or data communications.

Expected Benefits

- Increased access to behavioral health care, particularly beneficial to patients in medically underserved communities and rural geographical locations with clinician shortages.
- Flexibility and convenience to stay active and engaged in behavioral health if patients are ill or unable to commute resulting in fewer missed appointments or late cancellation fees.
- Telehealth offers increased access to specialists. Patients can be referred to specifically skilled clinicians, regardless of location.
- Increased access to privacy.

Possible Risks

As with any medical/health service, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of internet access and/or technology;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

By signing this form, I understand:

1. That the laws that protect privacy and confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed without my consent.
2. That I may need to download an application/software to use this virtual platform. I also may need to have internet connection or a smartphone device with good cellular connection at the location used for services.

3. The transmission of an appointment could be disrupted or distorted by technical failures.
4. That I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
5. The importance of having an adult in the home with the child client through the duration of the meeting. If there is not an adult in the home with a child client during their scheduled appointment, clinical judgement will be used to assess the situation and if there is an emergency, protocol will be followed.

Initials

6. Teletherapy requires a private and confidential space. If the child client is not able to virtually meet in a private and confidential space and does not have headphones available, the clinician will problem solve, only ending the session if privacy cannot be achieved.

Initials

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed any questions, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my medical care and authorize Children's Advocacy Center and any clinicians assigned by the organization, to use telehealth in the course of my assessment, diagnosis, psychoeducation and treatment.

(Legal Guardian)

(Date)

(Client 14 years & older)

(Date)

(Witness)

(Date)