



Client:  
Chart #:  
DOB:

## Telehealth Consent and Policies and Procedures

Telehealth involves the use of interactive 2-way video and audio communication (also known as Telemedicine) to conduct a “virtual office visit,” as well as transmission of images, provision of e-health including patient portals, and/or consumer-focused application. The information provided over telemedicine may be used for diagnosis, therapy, follow-up and/or education, and can include transmitting your medical records, medical images, audio and video.

Electronic systems used for Telehealth incorporate reasonable network and software security protocols and encryption to protect the confidentiality of Protected Health Information and include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption consistent with the Health Insurance Portability and Accountability Act (HIPAA). CARE Counseling uses ZOOM as a secure platform for delivering telehealth services.

### Potential Benefits:

- Improved access to convenient medical care.
- More efficient medical evaluation and management.
- Obtaining the expertise of a distant specialist.

### Possible Risks:

As with any medical treatment, there are potential risks associated with the use of Telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s)
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information

### Special Risks Associated with Personal Devices:

CARE Counseling cannot control the security of the computer, tablet, phone or other device you choose to use for Telehealth communication or the location where you choose to use it. Even though a platform is secured over the internet Viruses, Malware, Spyware, and other programs can be installed on the computer itself without a user’s knowledge and could be used to record the audio and video of a Telehealth session without your knowledge. Unencrypted or poorly encrypted wireless networks could also allow someone to intercept the audio and video being transmitted over the network. CARE Counseling therefore recommends that you only use a privately-owned personal device with up to date antivirus software in a secure, private space. You assume all risks of your telemedicine session being recorded, seen and/or heard by unauthorized persons. The therapist nor the client will record the session(s) without the explicit, written consent of the other.



### **Safety Protocol**

Your therapist will ask for your location address and ask you to scan the room you are in to show that it is secure and you are alone. If there are safety risks, the therapist will assess for safety and will develop a safety plan. If these risks exist and connection is lost, the therapist will call either your emergency contact on file and/or have a health and wellness check done to make sure you are safe. CARE Counseling has the right to decide that certain clients must be seen in person due to the safety risk of having the client not in the same physical space as the clinician.

In case of a mental health emergency, please call 911 or one of the following crisis services:

Call **\*\*CRISIS (\*\*274747)** or Text **MN to 741741**

National Suicide Prevention Lifeline: 1-800-273-8255

### **Termination of Telehealth Services**

The therapist and the client will determine when telehealth services will be used and when meeting in person would be more appropriate. As mentioned in the potential benefits of telehealth, it would be recommended to use telehealth when there are physical, environmental, and/or emotional reasons that prohibit or deter the client from attending sessions in person, thus telehealth improves accessibility. The therapist and client will determine when telehealth services will be terminated, which will depend on treatment goals and objectives, as well as accessibility needs.

### **Patient Consent to the Use of Telehealth**

By signing this form, I agree that I am willing to undertake the risks associated with Telehealth in order to take advantage of the convenience it offers. I understand that I can revoke my consent to Telehealth at any time without affecting my right to future care or treatment. I understand and agree to the safety protocol and will work with my therapy to determine when telehealth will be completed.

I have read and understand the information provided above regarding Telehealth, have discussed it with my therapist and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telehealth in my medical/mental health care.

Your signature below indicates that you have read and understood all of the information provided above and authorize your or your minor's therapist at CARE Counseling to use Telehealth in the course of your/your minor's assessment, diagnosis, and/or treatment.

\_\_\_\_\_  
Signature of Client or Parent/Legal Guardian of Client

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Relationship to Client (if applicable)

\*\*\*This form may be signed electronically via the portal or above on a hard copy.