

Telehealth Consent Form

What is Telehealth?

Telehealth is an online, interactive videoconference software that enables the provision of mental health services from a distance. Telehealth does not include the use of fax, audio-only telephone, e-mail, texts, or products such as FaceTime and Skype.

Benefits from Telehealth

- Allows you to participate in treatment from your own home or other environment where you feel safe, secure, and comfortable.
- Prevents the risk of transmittal of illness.
- Improves access to services despite location and transportation concerns.
- Enables you to meet virtual despite weather concerns.

Some Potential Risks

- Technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection can occur.
- Nonverbal cues might be more difficult to observe and interpret during therapist and client interactions.
- Practice and consent forms must be electronically shared and signed and there are confidentiality risks that come with transmitting information and documents over the internet
- Limitations of confidentiality. Participants should establish a secure private location for sessions.

Privacy and Confidentiality

All existing laws regarding client access to mental health information apply as outlined in the Notice of Privacy Practices.

- Telehealth services are provided through HIPAA compliant, secure software.
- No permanent video or voice recordings are kept from telehealth sessions.
- Participants may not record, screenshot or store video from sessions.
- Clients in group/milieu sessions must respect other members' confidentiality and establish a secure location to protect fellow group members' confidentiality.

Parent/Child Expectations during telehealth sessions:

- Caregiver will be available at the beginning of the session.
- Participants will use a Mac/PC/Chromebook, smart phone, or tablet with camera, microphone, and speakers.
- Internet connection will have at least 750kb/s download and upload speeds.
- Participants will have access to Google Chrome or Mozilla Firefox (latest release versions) web browsers.
- Proper lighting and seating will ensure a clear image of each party's face.
- Dress and environment will be appropriate for an in-office visit.
- Sessions will occur in a private location where others cannot hear them. Headphones are encouraged.
- Only agreed upon participants will be present; the presence of individuals unapproved by both parties will be cause for termination of the session.

- Clients will disclose the physical address of their location at the start of the session; unknown locations will be cause for termination of the session.
- Caregiver will provide a phone number where they can be reached in the event of service disruption.

Emergency Protocol

Client is to provide the name and contact information for a local emergency contact. In the case of a mental health emergency during a telehealth session where a client is at imminent risk of harming themselves or someone else, a staff member from CCGC will contact the client’s local emergency services. The contact information for the client’s nearest emergency room will also be on record. Release of Information forms will be completed for necessary entities, except for when confidentiality must be breached to protect the safety of the client or another identified individual.

Payment Procedures

Our billing office will determine your insurance coverage for telehealth. Parents/Guardians must pay for telehealth services/copays/deductibles using a credit card. The credit card placed on file via the Client Portal will be charged following each telehealth session. It is up to the parent/guardian to notify Clinician before the end of the session if they wish to use a different credit card for payment or change their credit card on file.

Consent for Telehealth Mental Health and Psychiatric Services

I hereby give consent for my child, _____, to engage in telehealth services with Community Child Guidance Clinic. I understand that telehealth includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

In case of a medical mental health emergency, please contact:

Emergency Contact	Date

Parent/Guardian Signature	Date

Printed Name of Client