

Consent to Participate in Telehealth Therapy

1. **PURPOSE:** The purpose of this form is to obtain your consent for telehealth therapy with your therapist/clinician/behavioral health support worker.
2. **NATURE OF TELEHEALTH:** Telehealth involves the use of audio, video, or other electronic communications to interact with you and provide psychosocial skill development services. During your session, your confidential and private information may be discussed with your provider via interactive technology so that sessions may be attended in the event you or your provider cannot attend sessions in person.
3. **RISK, BENEFITS, ALTERNATIVES:** A benefit of telehealth is continuity of care in the event you cannot attend service in person, as well as convenience of attending telehealth sessions in a location that is most comfortable to you. A RISK is that due to technical problems communication could be delayed or stopped during your session making communication difficult. Additionally, in rare circumstances, security protocols could fail causing a breach of client confidentiality.

ALTERNATIVE: Should your internet connection not be strong enough (10 mph minimum is recommended, and our providers all have higher than this) and video conferencing is stalled, delayed, or lost, you can choose to have a session via phone. In this case, cell phones are NOT HIPAA compliant, so if you choose a telehealth session via phone a risk does exist for your confidentiality.

I am aware of the risks, and if my telehealth session is interfered due to technology concerns, I am consenting to a phone session and understand the risks involved with confidentiality.

Initial: _____

4. **RECORDS AND INFORMATION KEPT ON FILE:** All HIPAA policies and rights to confidentiality also apply during telehealth sessions. All laws regarding keeping of records and your access to records are in place with telehealth.
5. **CONFIDENTIALITY:** All existing confidentiality protections under federal and state law, and ethics boards apply to information used or disclosed during your telehealth sessions, including the limits of confidentiality outlined in informed consent documents: mandated reporting, court orders/subpoenas, and releases of information due to safety or health concerns.
6. **RIGHTS:** You may withdraw your consent to telehealth at any time before, during, or after sessions.
7. **NOTICE:** It is recommended you check your internet speeds for appropriate bandwidth prior to session and download any needed links or software prior to session.

I have read the above information and had an opportunity to ask questions. I have read and agree to psychosocial skill development provided via telehealth.

Signature of Client or Client's

Legal Guardian: _____

Date of Signature _____