

**Telehealth Consent**

Some services may be available by telehealth. This consent explains telehealth care. If you have any questions, please ask.

1. **Telehealth/teletherapy:** Telehealth, or teletherapy, involves transmission of video or digital photographs of me, and/or details of my health (“Transmitted Data”). All Transmitted Data is sent via electronic means to my provider(s) to facilitate health care services. I understand that:

- Telehealth is different from traditional care in that the patient and provider do not meet in-person. It involves interaction between a provider in one location and a client in another location.
- Patients and providers must inform each other of persons other than the patient and provider who are present, seen or unseen.
- Patients have the right to refuse or stop participation in telehealth services at any time and request an in-person appointment, however, equivalent in-person services might not be available at the same location or time as telehealth services. Refusal will not affect rights, if any, to future care or treatment. If at any time I desire an in-person appointment, I will notify my provider.
- Patients have the right to follow-up with their provider as necessary with questions or concerns.
- Benefits of telehealth include: providers can continue services when an in-person appointment is not possible or is inconvenient, minimized exposure to illness, and visualization of the environment.
- There are also risks involved in telehealth including, without limit, losing the ability to:
  - \* read physical, visual, or vocal cues/tones and facial expressions, or view the client in person;
  - \* have physical access to the client in the event of an emergency/crisis or provide physical services.

Additionally, technical issues may disrupt the visit. There are also risks to preserving confidentiality including a risk that communications may be overheard or accessed by unknown third-parties.

- Patients have access to information resulting from telehealth services as provided by law.
- In the event of a technology failure during telehealth services, I should contact my provider at: **303-460-3881**
- Health insurance coverage may not exist for psychotherapy services that are provided through technological means.
- **Telehealth is not appropriate for emergency health care services. It is not a substitute for in person or emergency healthcare services. If at any time I am experiencing an emergency, I should contact 911.** My provider may refer me for emergency services and an emergency plan may be provided by my provider.

2. **Confidentiality:**

- Confidentiality protections required by law or regulation apply to telehealth services.
- Although confidentiality extends to communications by text, email, telephone, videoconference and other electronic means, providers cannot guarantee that communications will be kept confidential and/or that a third-party may not gain unauthorized access. With electronic communication, there is always a risk that communications may be compromised, unsecured, and/or accessed by a third-party.
- To help maintain confidentiality when engaging in electronic health services, it is important that all sessions be conducted in a confidential place. Do not have sessions in public places or in a room where others are present.
- Patients must obtain written permission before recording any visit and may not publish visits.

I have read and agree to the terms in the Telehealth Consent. I understand that telehealth is not a substitute for in person health care services. I understand that telehealth is not appropriate if I am experiencing an emergency health condition. In case of emergency situations, I will contact 911.

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian Signature