

INFORMED CONSENT FOR TELEHEALTH SERVICES

This document contains important information about participating in Telehealth Services with a Growth Opportunity Center (GOC) clinician(s). For the purposes of this document, Telehealth refers to using telecommunication technologies in the provision of mental and behavioral health services by clinicians at Growth Opportunity Center. This may include, but is not limited to, interactive videoconferencing, as well as communicating via telephone, text, and email.

Risks and Benefits of Telehealth Services

There are several risks and benefits to using Telehealth Services that need to be weighed by both the clinician and patient prior to using these services. The most salient benefit to using telehealth services is it allows access to care when it is not possible or extremely inconvenient to travel to an office location. Telehealth also allows continuity of care when a patient or clinician moves to a different location, during extended vacations or illnesses, or during public health or weather-related emergencies. Using phone or text messaging, as well as email, to communicate between sessions is very convenient and assists with continuity of care.

There are several risks related to Telehealth Services including **risks to confidentiality**. Because the communications are taking place via the internet, it is possible that other people might be able to access private conversations or stored data. GOC will minimize this risk for videoconferencing services by using a HIPAA compliant platform (Doxy.Me). In addition, there is potential for others in your household or environment to overhear your conversations. You can minimize this risk by engaging with your clinician only from a private place where others are not present.

Early research suggests that interactive videoconferencing is equal in effectiveness to in-person sessions. However, videoconferencing may not be appropriate for all patients given personal preferences and/or particular diagnostic or treatment needs. There may be some difficulties fully understanding one another's non-verbal cues over videoconferencing or phone conversations. There is also a high risk of miscommunication via text messaging and email because tone of voice and non-verbal cues are non-existent. There is also the risk of autocorrection changing the meaning of the messages.

Another risk is related to **technology difficulties** which can impact communication. For example, technology might freeze or stop working during a videoconferencing session. There may also be difficulties connecting or delays in appointment times. Telehealth will require a certain amount of technical competence, a lack of which may increase problems using technology.

Emergencies and Crisis Management

Telehealth Services are not appropriate during mental health crises or emergencies, such as when a patient is experiencing suicidal or homicidal thoughts or plans. Assessing emergencies can be more difficult when using Telehealth technologies. Thus, you and your clinician will

create an emergency plan before engaging in Telehealth Services. You will need to identify an emergency contact who is near your location that your clinician could contact in the event of a crisis or emergency. Your clinician may also need to call the local police or 911 if they feel that your safety is at risk. Because it is more difficult to assess emergencies when using Telehealth Services, there is a higher risk of your clinician erring on the side of caution and contacting your emergency contact or the police during a crisis, even if it was not warranted.

Fees

Your clinician will discuss fees for Telehealth Services. Some insurance benefits will not cover videoconferencing or phone sessions. In other cases, your insurance will cover the session, aside from your co-pay, co-insurance, or deductible. Please discuss fees with your clinician prior to engaging in Telehealth Services. You should know your health benefits and be prepared to pay for the session(s) in full if for any reason your health insurance does not cover the services.

Informed Consent

My signature below indicates that I have read, understand, and agree with the terms of this document. I have had the opportunity to ask questions and receive clarification on anything I do not understand. I agree to provide the name of an emergency contact and to give my location prior to beginning each session so that police may be contacted in case of an emergency. Furthermore, I understand that Telehealth Services may not be deemed appropriate for me, now or anytime in the future, and I may need to attend in-person sessions in order to continue my care.

Name of Patient _____

Signature of Patient _____ Date _____

Name of Emergency Contact _____ Relationship _____

Address of Emergency Contact _____

Phone Number of Emergency Contact _____