Resilience
BEHAVIORAL HEALTH GROUP

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# Telehealth Informed Consent for Services Agreement

Telehealth (or online psychotherapy) is the use of telecommunications technology to deliver health-related services and information that support client care, administrative activities, and health education. If you have any questions or concerns, please contact us via telephone at (231) 285-0005 or email at info@resiliencebehavioralhealthgroup.com.

**Telehealth Services**

Telehealth services offered by Resilience Behavioral Health Group and this organization's providers will include the following: the practice of psychological and behavioral health care delivery, consultation, diagnosis, treatment, referral to resources, education, and recommendation. The services provided may also include chart review, health information sharing, and non-clinical services (such as client education).

The information you provide may be used for diagnosis, psychotherapy, follow-up, and/or client education and may include any combination of the following: 1) a review of health records and/or test results via asynchronous communication; 2) live two-way interactive audio and video; 3) interactive audio with store and forward; or 4) output data from medical devices and sound and video files.

The electronic communication systems we use will incorporate network and software security protocols to protect confidentiality of client identification and will include measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

Accessibility to telehealth services could be impacted by presenting circumstances within a given case. Please see the sections below for more information.

**Your psychotherapist typically provides telehealth services using the platform**: Kareo Telehealth.

You may request to use a different platform for telehealth services; however, you should be advised that the ability for Resilience Behavioral Health Group to ensure information security may be compromised by such a change.

**Benefits & Risks**

There are expected benefits and possible risks of receiving services via telehealth.

Benefits can include the following:

- Improved access to care by enabling clients (including yourself) to be at a location of their choosing while the Resilience Behavioral Health Group provider provides psychotherapy at distant/other sites.
- Efficient psychological and behavioral health care delivery, evaluation, and management.
- Ability to obtain the expertise of a specialist as appropriate.

Risks can include the following:

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies.
- In certain instances, the provider may determine that the transmitted information is of inadequate quality. Thus, it may be necessary to reschedule the telehealth session or make another reasonable accommodation as applicable. If presenting concerns persist without resolution, it may be determined that a referral to a local provider is warranted to preserve the integrity of care.
- In rare cases, security protocols could fail, causing a breach of privacy of Protected Health Information (PHI).

If follow-up care is needed, please contact your Resilience Behavioral Health Group provider.

In the event of an inability to communicate as a result of a technological or equipment failure, please contact Resilience Behavioral Health Group at (231) 285-0005.

**Limitations**

- Our providers do not address medical emergencies or urgent cases. If you believe you are experiencing a medical emergency, please dial 911 and/or go to the nearest emergency room or urgent care center.
- Our providers should be considered an addition to, and not a replacement for, your primary care physician. Responsibility for your overall medical care should remain with your primary care physician. If you do not have a primary care physician, we strongly encourage you to locate one within your local community.

- All of our providers offer telehealth services; however, the availability of such provisions will be at the discretion of the provider overseeing your care. For example, specific providers may only utilize telehealth services in certain situations, or a provider may determine that it is in the client's best interests to only attend sessions in person. If your provider believes you would be better served by another form of psychotherapy (e.g., face-to-face service), reasonable accommodations may be made when available or you may be given a referral to a different provider in your area.

**Emergency Protocols**

Resilience Behavioral Health Group will need to know your location in case of an emergency. By signing this authorization, you agree to inform the provider overseeing care of the address where you are located at the beginning of each session. Your provider will also need a contact person who may be contacted on your behalf in a life-threatening emergency. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

Please provide the following information to be used in the event of an emergency.

*Primary Location*

Address*

_____

*Emergency Contact Person*

First Name* _____ Last Name* _____

Phone Number* _____ Relationship Description* _____

**Signed Authorization**

By signing this *Telehealth Informed Consent for Services Agreement*, I hereby give informed consent to participate in telehealth with a provider at Resilience Behavioral Health Group as part of the psychotherapy and related mental health services provided to me or my dependent.

Please review the following terms and conditions with respect to telehealth services.

1. I understand that I have the right to withdraw informed consent at any time without affecting my right to receive future care, services, or program benefits to which I would otherwise be entitled.
2. I understand that there are risks and benefits associated with telehealth services including but not limited to the following: disruption of transmission by equipment and technology failures; interruption and/or breaches of confidentiality by unauthorized persons; and limitations in the ability to respond to emergencies.
3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted or required by law.
4. I understand that the privacy laws that protect the confidentiality of my Protected Health Information (PHI) also apply to telehealth services unless an exception to confidentiality applies (i.e., mandatory reporting of child or vulnerable adult abuse/neglect; danger to self or others; client raised mental health issue in a legal proceeding).
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telehealth services are not appropriate and that a higher level of care is required.
6. I understand that during telehealth services, the provider and I could encounter technical difficulties resulting in service disruptions. If this problem occurs, please end and restart the session. If reconnection is not feasible within 10 minutes, please call the office at (231) 285-0005 to discuss the matter further and potentially reschedule.
7. I understand the provider overseeing care may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
8. I understand that the *Telehealth Informed Consent for Services Agreement* is considered an addition to, and not a replacement for, the terms and conditions outlined in the *Informed Consent for Services Agreement*.

Please provide information on the legal representative authorizing the *Telehealth Informed Consent for Services Agreement* if someone other than the client. These fields must be completed by the legal representative for any client under 18 years of age or considered an incapacitated adult.

By signing this *Telehealth Informed Consent for Services Agreement*, I recognize having read the document, acknowledge understanding the content, and agree to the outlined terms and conditions.

Client First Name* _____

Client Last Name* _____

Legal Representative First Name* _____

Legal Representative Last Name* _____

Description of Legal Representative's Authority* _____

Signature of the Client or Legal Representative* _____

Date* _____

Please sign your full name.

**Privileged & Confidential**

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, please notify Resilience Behavioral Health Group immediately by telephone at (231) 285-0005. Copying or distributing such messages is strictly prohibited.