



## Telehealth Informed Consent

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Program Name: \_\_\_\_\_

### Introduction

Telehealth involves the use of electronic communications to enable Children & Families First professionals to connect with individuals using interactive video and/or audio communications. Telehealth includes the practice of service delivery, assessment, consultation, treatment, referral to resources, education, and the transfer of service data. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of consumer identification.

### Expected Benefits

- Service continuity.
- Improved access to care.
- Efficient assessment and management.
- Obtaining expertise of a remote professional.

### Possible Risks

As with any healthcare procedure, there may be potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete healthcare records may result in adverse interactions or other judgmental errors;

### Backup Plan in Case of Videoconferencing Failure

- If you get disconnected from a telehealth visit, please restart the session.
- If you are unable to reconnect within five minutes, please call me.
- If I do not hear from you within ten minutes, you agree (unless you request otherwise) that I can call you on the phone number we have on file.
- At this time, we will continue or reschedule your session.

### Emergency Management for Telehealth Services

By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis help line at (800) 652-2929 or (302) 577-2484 (adults) or 1-800-969-4357 (youth).

By signing this form, I further acknowledge the following:

1. I understand that I should only communicate through a computer, phone, or other device that I believe is safe.
2. With the use of technology it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology devices, or applications that I use.
3. I am aware that any information I enter into an employer's computer can be considered to belong to my employer and my privacy may thus be compromised.
4. I understand that I am responsible for reviewing the privacy settings and agreement forms of any applications or technology you use.
5. The laws that protect the privacy and confidentiality of healthcare information also apply to telehealth, and that information obtained in the use of telehealth which identifies my child and/or I will only be disclosed to other entities consistent with these laws.
6. I understand that I have the right to access and inspect information obtained in the course of a telehealth interaction, and may receive copies of this information in accordance with the Children & Families First Notice of Privacy Practices.
7. I understand the alternatives to service delivery through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing and/or telephone technology. I also understand that at my request or at the direction of my service professional, I may be directed to "face-to-face" services.
8. I understand that my healthcare information may be shared with other individuals for scheduling, billing, and treatment purposes.
9. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of mine or my child's care at any time, without affecting mine or my child's right to future care or treatment.

#### **Client Consent to the Use of Telehealth**

I, \_\_\_\_\_, have read and understand the information provided above regarding telehealth, have discussed it with my provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth.

By signing below, I hereby state that I have read, understand, and agree to the terms of this document.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if client under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date