



Telehealth Patient Information and Informed Consent

Introduction

Telehealth is the delivery of mental health services using interactive audio and visual electronic systems where the provider and the patient are not in the same physical location. Before beginning telehealth services, you and your provider will discuss and agree to the following:

Potential benefits of telehealth

- Increased accessibility to mental health care
- Client necessity

Potential Risks with telehealth

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

- Technological issues might impact services. For example, technology might stop working during a session. If this happens, your provider will try to reestablish the connection or call you to make other arrangements.
- We will use a HIPAA compliant platform for telehealth; however, security protocols can fail (although extremely unlikely), causing a breach of privacy of confidential information.
- Telehealth is an essential alternative to face-to-face appointments. However, some providers believe that something is lost by not being in the same room. There is debate about a provider's ability to fully understand non-verbal information when working remotely.

Confidentiality Standards required for telehealth:

- Because services are taking place outside of the provider's office, steps need to be put in place to ensure privacy. Wherever possible, you will need to be in a private location where others will not overhear the session and there will be no interruptions. You will also need a smartphone or webcam and a secure internet connection, rather than public/free Wi-Fi.
- HIPAA confidentiality requirements and exceptions apply the same for telehealth as for face-to-face consultations.

Emergencies

Any mental health emergency should be handled in the same way it would be when obtaining in office services.

- In the event of an emergency where you feel unsafe, please call 911 or go to your nearest emergency room. For other emergencies, call Creekside Counseling at 208-529-5777. During business hours, the office personnel will take appropriate measures to direct you. After hours, please call the emergency number provided on our voicemail. If you are unable to reach the office or our emergency number for any reason, please go to your nearest emergency room or call 911.

Client Rights and Responsibilities

1. I have the right to withhold or withdraw my consent to the use of telehealth during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
2. I understand that my provider has the right to withhold or withdraw her/his consent for the use of telehealth during the course of my care at any time.
3. I understand telehealth appointments are not to be recorded.
4. I understand that I must be in the state of Idaho to receive telehealth services.
5. I understand it is my responsibility to check with my insurance company to see if telehealth is covered under my policy.

Fees and Payment

Fees will be the same for telehealth as for in-person services. If services are not covered by insurance for any reason, the client will be solely responsible for the entire fee of the appointment(s).

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

Name of Client

Date

Client or Guardian Signature

Printed Name

Email Address

Financial Agreement for Telehealth

Fees will be the same for telehealth as for in-person services. It is your responsibility to check with your insurance company to see if telehealth is covered. If insurance doesn't cover, you will be responsible for the full cost of the appointment(s).

Just as with in office services, 24 business hours notice is required to cancel an appointment. A fee of \$40 will be charged for counseling appointments, and \$100 for appointments with our nurse practitioner if less than 24 hours notice is given. If there is a No Show Contract in place, the full appointment fee will be charged. These fees will be charged to the card on file.

We require a credit card to be placed on file for telehealth sessions. The client's portion of the fees, will be charged on the day of the appointment (or as close to that day as possible). Please complete the information below.

Credit Card Authorization

I authorize Creekside Counseling to charge the credit card listed below for telehealth services.

Signed

Date

Printed Name

Name of Client (if different)

Credit Card Number: _____

Exp. Date: _____ CCV Code: _____ Zip Code: _____

Name on Card: _____