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Consent for Telehealth Appointments

Please note, these policies are in addition to the in-person informed consent and general practice policies and procedures. Be sure to read all forms thoroughly. While there are many benefits to Telehealth appointments such as easier access of care, decreasing mileage and gas expenses on your car, and more flexible scheduling (since you do not have to account for drive time), there are also some considerations and potential drawbacks to this modality of therapy. The following factors and policies are involved in your consent to participate in telehealth sessions:

1. I have requested to engage in Telehealth therapy sessions (either solely or a hybrid of Telehealth and in-person sessions) using SecureVideo.com technology which is HIPAA compliant.
2. My health care provider has explained to me how the video conferencing technology that will be used in such an appointment is different than a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand my provider is licensed in Wisconsin and therefore can only see clients who are in the state(s) they are licensed at the time of the session.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the Telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand myprovider will be in a confidential space where others cannot hear the content of our session.
6. I understand that I must be in a confidential place in order to engage in Telehealth and if I do not choose a confidential location, my provider is not responsible for confidentiality breaches that may occur.
7. My provider must ask where I am located during the session in case there is an emergency and my provider needs to inform emergency services where I am located.
8. To maintain confidentiality, I will not share my Telehealth appointment link with anyone unauthorized to attend the appointment.

9. I understand that I must use my own personal device (phone, laptop, iPad, etc.) when engaging in Telehealth services, as a device owned by another person (i.e. my employer) may not be completely secure.
10. Telehealth is NOT an Emergency Service and in the event of an emergency before, during or following sessions, I will use a phone to call 911. I will also familiarize myself with my county's crisis phone number. The National Suicide Prevention Hotline is 1-800-273-TALK (8255).
11. I am aware that Telehealth sessions may be discontinued if I need a higher level of care than my provider can provide via Telehealth; if in-person interventions such as EMDR areneeded; if we have ongoing technical issues; or if I cannot be in a confidential space. If Telehealth services are no longer possible, I will be given 3 referrals to additional providers and/or offered in-person sessions with my provider.
12. I have had the opportunity to have a conversation with my provider to ask questions regarding this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s)
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING MY NAME BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____	_____
Name of Telehealth Client (Print)	Name of Legal Guardian (Print)
_____	_____
Signature of Telehealth Client	Signature of Legal Guardian
_____	_____
Date	Date