



## Consent for Telehealth

**Introduction:** Telehealth uses electronic, secure interaction between client and clinician to enable Shorehaven to improve care to consumers. Using telehealth, we can offer services which may otherwise be unavailable in the area.

The interaction through telehealth can be for assessment; diagnosis; individual or family therapy; education and advice; planning treatment; and determining medications.

We use electronic systems and software designed for reliable transmission, privacy and security, and confidentiality of client information.

**Expected Benefits:** Telehealth enables us to connect clients to services more rapidly or in situations of emergency. We can provide services which may otherwise be unavailable. We can access experts who may not be available in the client's area. We can bring in a member of the treatment team from a distant site in order to improve our services. Telehealth also cuts down on travel and reduces costs.

**Possible Risks:** All technology can have unique problems, such as:

1. Risk of interruptions;
2. Unauthorized access;
3. Technical difficulties;
4. Signal quality; and
5. Breach of security

The client or clinician can interrupt the telehealth session if the connection is inadequate for excellent two-way communication.

**My signature below indicates I understand the following:**

1. All regulations and laws protecting the privacy and confidentiality of medical information also apply to telehealth. No information over telehealth which identifies me will be disclosed to others without my consent, except for situations required by law, such as in emergencies or if I am a danger or a safety risk to myself or others.
2. I have the right to withdraw my consent to the use of telehealth at any time, without affecting my right to future care or treatment.
3. I will be instructed about the equipment used in telehealth and procedures to use in the event of technical difficulties.
4. My telehealth visit will not be recorded. The clinician will keep records of telehealth services, just as when services are in person. HIPAA and Wisconsin Statutes govern client access to those records and I received a Shorehaven Privacy Notice.
5. There are alternatives to telehealth and those have been explained. The right to referral to in-person services has been explained.
6. Telehealth may involve clinicians communicating electronically from other areas and possibly from out of Wisconsin.

7. Service are expected to benefit clients, but no results can be guaranteed. Most research finds the outcomes of telehealth to be comparable to the results of office therapy.
8. Telehealth sessions are scheduled by appointment and procedures for contacting the clinician and support staff between appointments has been given to me along with instructions for when to contact the staff.
9. A facility fee applies to charges for telehealth visits if I am seen in a clinic office and the provider is at a different location, and that fee may or may not be covered by my insurance company.
10. If my clinician determines telehealth is no longer appropriate to my needs, my healthcare clinician may discontinue telehealth services. Then, I will be set up with or referred for in-person services.

I read this document carefully. I understand the risks and benefits of the telehealth and mental health services. My questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my behavioral and mental health care.

**Important: Please complete this entire section.**

**Yes**      **No**      Shorehaven may CALL with appointment reminders and other information regarding appointments and services at the following number: \_\_\_\_\_.

**Yes**      **No**      Shorehaven may TEXT me regarding appointment times and reminders at the following number: \_\_\_\_\_. (Standard messaging rates may apply).

**Client if 14 or older:**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature      Date

**Parent or Legal Guardian:**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Print Name      Signature      Date