

DIEDRICH'S COUNSELING CENTER, INC., SC

Consent for Telehealth

Introduction: Telehealth uses electronic, secure interaction between client and clinician to enable us 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; and planning treatment.

We use HIPPA approved 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:

Risk of interruptions, unauthorized access, technical difficulties, signal quality, and 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.
5. There are alternatives to telehealth and those have been explained. The right to referral to in-person services has been explained.
6. 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.

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 consent for the use of telehealth in my behavior and mental health care.

Print Name

Patient or guardian signature

Date