

## Telehealth Consent

Some services may be available by telehealth. This consent explains telehealth care. If you have any questions, please ask.

1. **Telehealth/teletherapy:** Telehealth involves transmission of video or digital photographs of you, and/or details of your health ("Transmitted Data"). All Transmitted Data is sent via electronic means to my provider(s) to facilitate health care services. You understand that:

- Telehealth is different from traditional care in that the patient and provider do not meet in-person. It involves interaction between a provider in one location and a client in another location.
- Patients and providers must inform each other of persons other than the patient and provider who are present, seen or unseen.
- Patients have the right to refuse or stop participation in telehealth services at any time and request an in-person appointment, however, equivalent in-person services might not be available at the same location or time as telehealth services. Refusal will not affect rights, if any, to future care or treatment. If at any time you desire an in-person appointment, notify your provider.
- Patients have the right to follow-up with their provider as necessary with questions or concerns.
- Benefits of telehealth include: providers can continue services when an in-person appointment is not possible or is inconvenient, minimized exposure to illness, and visualization of environment.
- There are also risks involved in telehealth including, without limit, decreasing or losing the ability to:
  - read physical, visual, or vocal cues/tones and facial expressions, or examine or view the client in person;
  - have physical access to the client in the event of an emergency/crisis;
  - Provide manual physical therapy services, or utilize equipment or devices which may be available at your therapist's office.

Additionally, technical issues may disrupt the visit. There are also risks to preserving confidentiality including a risk that communications may be overheard or accessed by unknown third-parties.

- Patients have access to information resulting from telehealth services as provided by law.
- Health insurance coverage may not exist for psychotherapy or physical therapy services that are provided through technological means.

2. **Confidentiality:** Telehealth services present inherent risks to confidentiality.

- Confidentiality protections required by law or regulation apply to telehealth services.
- Although confidentiality extends to communications by text, email, telephone, videoconference and other electronic means, providers cannot guarantee that communications will be kept confidential and/or that a third-party may not gain unauthorized access. With electronic communication, there is always a risk that communications may be compromised, unsecured, and/or accessed by a third-party.
- To help maintain confidentiality when engaging in electronic health services, it is important that all sessions be conducted in a confidential place. Do not have sessions in public places or in a room where others are present.
- Patients must obtain written permission before recording any visit and may not publish visits.

3. **Emergencies: Telehealth is not appropriate for emergency health care services. It is not a substitute for in person or emergency healthcare services. If at any time you are experiencing an emergency, you should contact 911.** I may refer you for emergency services, contact emergency services, contact your designated emergency contact, and provide an emergency plan.

Assessing and responding to safety risks and emergencies can be more difficult when visits are conducted via telehealth. I will not have physical access to you in the event of a safety risk or emergency. To mitigate these risks, we will create an emergency plan before engaging in telehealth services. I ask that you identify an emergency contact person who lives with you or is near the location at which you will be participating in visits via telehealth. By signing this form, you authorize me to contact your emergency contact person if at any time I determine that contact appears necessary due to an emergency circumstance.

Emergency contact person: \_\_\_\_\_ . Phone number: \_\_\_\_\_  
10-digit number (w/area code)

Relationship to client: \_\_\_\_\_ .

If you need to make changes to your emergency contact person at any time, please notify me in writing.

If you experience an emergency during a telehealth session, notify me immediately and contact emergency services. If a telehealth session is interrupted for any reason while you are having an emergency, do not attempt to call me back. Instead, contact emergency services. Emergency services include:

- **911, or the nearest emergency room**
- **Colorado Crisis Services 1-844-493-TALK (8255)**

If a telehealth session is interrupted for any reason other than an emergency, for example, a technological failure, please disconnect from the session and wait two minutes. I will attempt to reconnect with you using the telehealth platform on which we were conducting the session. If we are unable to resume contact within two minutes, please call me at \_\_\_\_\_  
10-digit number (w/area code)

I have read and agree to the terms in this Telehealth Consent. I understand that telehealth is not a substitute for in person health care services. I understand that telehealth is not appropriate if I am experiencing an emergency health condition. In case of any emergency situation, I will CALL 911. This includes if you are: thinking of harming yourself or committing suicide; thinking of harming someone else; or feel unsafe in your environment.

\_\_\_\_\_  
Printed Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature