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Telehealth Informed Consent

Telehealth is healthcare provide by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

- I consent to engaging in telehealth with Lake Country Associates, Inc. as part of the therapy process. I understand that telehealth involves the communication of my medical/mental health information in an electronic or technology-assisted format. I understand that the telehealth sessions are not recorded but rather are set in real time between myself and the clinician.
- I understand that I may opt out of the telehealth visit at any time. This will not change my ability to receive future care at Lake Country Associates, Inc.
- I understand that I must take reasonable steps to protect myself from unauthorized use of my electronic communications by others.
- I understand that all electronic medical communications carry some level or risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include, but are not limited to:
 - It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures.
 - Electronic systems that are accessed by employers, friends, or others are NOT secure and should be avoided. It is important for me to use a secure network.
 - Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.
- I understand that Skype, Face Time, or a similar service may not provide a secure HIPAA-compliant platform, but I willingly and knowingly wish to proceed. Lake Country Associates typically encourages and recommends the use of VIDYO for telehealth as it is a secure and encrypted telecommunication program.
- The healthcare provider is not responsible for breaches of confidentiality caused by an independent third party or by me.
- I agree that information exchanged during my telehealth visit will be maintained by healthcare providers and the agency involved in my care.
- I understand that my healthcare provider may choose to forward my information to an authorized third party. Therefore, I have informed the healthcare provider of any information I do not wish to be transmitted through electronic communications. Moreover, there are both mandatory and permissive exceptions to confidentiality including but not limited to, reporting child and vulnerable adult abuse, expressed imminent harm to myself or others, or as part of legal proceedings where information is requested by a court of law.
- I understand that medical information, including medical records, are governed by federal and state laws that apply to telehealth. This includes my right to access my own medical records (and copies of medical records).

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- I understand that electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.).
- I understand that telehealth billing information is collected in the same manner as a regular office visit. My financial responsibility will be determined individually and governed by my insurance carrier(s), Medicare, Medicaid, and it is my responsibility to check with my insurance plan to determine coverage.
- I agree that I have verified to my healthcare provider my identity and current location in connection with the telehealth services. I acknowledge that failure to comply with these procedures may terminate the telehealth visit.
- I understand that I have a responsibility to verify the identify and credentials of the healthcare provider rendering my care via telehealth and to confirm that he or she is my healthcare provider.
- I understand and agree that a medical evaluation via telehealth may limit my healthcare provider’s ability to fully diagnose a condition or disease. As a client, I agree to accept responsibility for following my healthcare providers recommendations—including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit.
- I understand that there is never a warranty or guarantee as to a particular result of outcome related to a condition or diagnosis when medical care is provided. Furthermore, I understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and the efforts of my therapist, my condition may not improve, or may have the potential to get worse.
- To the extent permitted by law, I agree to waive and release my healthcare provider and his/her institution or practice from any claims I may have about the telehealth visit.
- I understand the inherent risks of errors or deficiencies in the electronic transmission or health information and images during a telehealth visit.
- **I understand that electronic communication cannot be used for emergencies or time sensitive matters. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. I understand that emergency situations include but are not limited to: thoughts about hurting/harming myself or others, having uncontrolled psychotic symptoms, if I am in a life-threatening situation, and/or if I am abusing drugs or alcohol and am not safe.**

I certify that I have read and understand this agreement and that I have had the opportunity for questions to be answered to my satisfaction.

For electronic communication between Lake Country Associates, Inc. and _____
Client’s Printed Name

Client or Legal Guardian Signature

Relationship to Client

Email Address

Date