# FOUNDATIONS
## Behavioral Health Services

INFORMED CONSENT FOR TELEHEALTH SERVICES

CLIENT NAME _____ CASE # _____

**Introduction:**
Telehealth is the use of videoconferencing to enable a health care provider at a different location to provide health care treatment for you for the purpose of improving patient care. Telehealth is not the same as direct face-to-face treatment sessions, as you will not be in the same location as the treatment provider. **Your participation in telehealth is completely voluntary.**

The videoconferencing system used in telehealth will incorporate network and software security features to protect your confidentiality and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

**Expected Benefits:**
- Improved access to care
- Patient convenience

**Potential Risks:**
- In rare cases, information transmitted may not be of sufficient quality (poor audio or video quality) to ensure the therapeutic benefits of your session.
- In rare cases, there could be delays in treatment due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy or confidentiality.

**Your Rights:**
- Your participation in telehealth is completely voluntary, and you have the right to withdraw your consent to use the use of telehealth at any time.
- Your rights to privacy and confidentiality are the same with telehealth as they are with face-to-face treatment visits.
- All rules and regulations which apply to the practice of behavioral health treatment in the State of Ohio also apply to the use of telehealth.

**Your Responsibilities:**
- You must agree to not record any telehealth sessions without the written consent of the treatment provider, and the treatment provider also agrees to not record any telehealth sessions without your written consent.
- You must agree to inform the treatment provider if any other person can hear or see any part of the session at any time during your session, and the treatment provider also agrees to inform you if any other person can hear or see any part of the session at any time during your session.

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**By signing this form, I understand the following:**

1. I understand that the laws that protect privacy and the confidentiality of medial information also apply to telehealth, and that no information obtained in the use of telehealth will be disclosed to other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my treatment at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and documents in the course of a telehealth interaction, and may receive copies of this information for a reasonable fee.
4. I understand that alternative methods of treatment may be available to me and that I may choose an alternate method of treatment at any time.
5. I understand that telehealth may involve electronic communication of my personal information to other treatment providers.
6. I understand that I am obligated to obtain the permission of the treatment provider if I intend to record or videotape the treatment session, and that I am obligated to inform the treatment provider if any other person can see or hear the treatment session.
7. I understand that I may expect the anticipated benefits from the use of telehealth in my treatment, but that no results can be guaranteed or assured.

### Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed the use of telehealth with my treatment providers as needed, and my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth as a part of my treatment at Foundations Behavioral Health Services.

| | |
|---|---|
| Client Signature | Date |
| Parent/Guardian Signature (if applicable) | Date |
| Witness Signature | Date |

I have been offered a copy of this consent form _____ (Please initial)