

CLIENT IDENTIFYING INFORMATION

NAME: _____ DOB: _____



INFORMED CONSENT FOR TELEHEALTH SERVICES

What is Telehealth?

“Telehealth” means, in short, “provision of mental health or behavioral services with the provider and recipient of services being in separate locations, and the services being delivered over electronic media.”

Your provider typically provides telehealth services using a variety of tools including but not limited to: **Zoom, Facetime, Google, Microsoft Teams, etc.** Little City will make every effort to utilize a platform that the client has access to. Little City will share any limitations and risks of a given platform to the client before conducting a session using the identified tool and is outlined within this document. You will need access to Internet service and technological tools needed to use the above-listed tools to engage in telehealth work with your provider.

If you have any questions or concerns about the above tools, please address them directly to your Little City Clinician so you can discuss their risks, benefits, and specific application to your treatment. This Informed Consent for telehealth contains important information focusing on doing mental health or behavioral therapy using the phone or the Internet. Please read this carefully, and let your Clinician know if you have any questions.

Most research shows that telehealth is about as effective as in-person mental health or behavioral therapy.

Benefits of Telehealth: Telehealth refers to providing mental health or behavioral therapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth is that the guest/client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care, and when otherwise parties are unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful.

Confidentiality: We have a legal and ethical responsibility to make the best efforts to protect all communications that are a part of our telehealth. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications as stated above. There is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth). You agree to hold your provider harmless should your protected health information be accessed in an unauthorized manner from your accounts or devices due to lack of security features, hacking, or other unforeseen intrusions. The extent of confidentiality and the exceptions to confidentiality that we outlined in our Informed Consent forms still apply in telehealth.

Privacy: Because telehealth sessions take place outside of the therapist’s private office, there is potential for other people to overhear sessions if you are not in a private place during the session. It is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other devices. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

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Issues Related to Technology: There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies such as hackers.

Electronic Communications: You may have to have certain computer or cell phone systems to use telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

Crisis management and intervention: Telehealth is not appropriate with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call us back; instead, call SASS, 911, and/or any other hotlines local resources that we will identify in our emergency plan or go to your nearest emergency room.

Records: The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent.

Informed Consent: This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. You have the right to request a copy of this form at any time.

Fees: Little City will inform you if there are any additional fees associated with telehealth treatment.

Consent & Statement of Understanding:

I hereby authorize the staff and contractors at Little City Foundation to provide services via telehealth video/audio as a means for mental health and behavioral therapy. I am responsible for payment of all fees as agreed upon prior to the initiation of services, as applicable, and failure to tender payment in full will result in service interruption or termination. I have read this consent form and agree with its terms. I understand that I may revoke this authorization at any time by giving written notice and I may specify the date, event, or condition on which this consent expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date it is signed.

Little City Staff _____
Date

Client (12 and over) _____
Date

Guardian (for clients under 18) _____
Date

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