

NAME: _____ DOB: _____



Informed Consent for Telehealth Services

What is Telehealth?

“Telehealth” refers to the provision of mental health or behavioral services in which the clinician and client are in separate locations, with services being delivered over electronic media.

Your clinician may provide telehealth services using various tools, including but not limited to Zoom, FaceTime, Google Meet, Microsoft Teams, and other platforms. **Little City will make every effort to utilize a platform that the client has access to** and will disclose any limitations or risks associated with a given platform before conducting a session.

To engage in telehealth, you will need **Internet access and a compatible device**. If you have any concerns about the technology used, please discuss them with your Little City clinician to review risks, benefits, and specific applications to your treatment.

This Informed Consent for Telehealth contains important information about engaging in clinical services using telecommunication. Please read this carefully and discuss any questions with your clinician.

Benefits of Telehealth

Telehealth allows the client and clinician to engage in services without being in the same physical location. Benefits include:

- Increased continuity of care when in-person sessions are not possible.
- Greater convenience and flexibility in scheduling.
- Reduced time spent traveling to and from appointments.

However, **telehealth requires both parties to have the necessary technical competence and equipment** to be effective.

Confidentiality

Your clinician has a legal and ethical responsibility to protect all communications related to telehealth services. However, electronic communications inherently carry some risks, including potential breaches

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of privacy. While we take precautions to secure telehealth communications, we **cannot guarantee absolute confidentiality** due to potential hacking, unauthorized access, or unforeseen technical issues.

To maintain security, clients should:

- Use **secure networks** when engaging in telehealth sessions.
- Protect their **device and accounts** with passwords.
- Avoid using **public or shared devices** for telehealth sessions.

Your clinician and Little City **are not responsible for unauthorized access to your protected health information (PHI)** due to security issues on your personal devices or network.

The confidentiality policies outlined in your original Informed Consent Agreement still apply to telehealth services.

Privacy Considerations

Since telehealth sessions take place outside of a controlled office setting, there is potential for others to overhear sessions if you are not in a private space. It is important that:

- You **participate in sessions in a private location**, free from interruptions.
- You take steps to ensure **others cannot overhear** your session.
- You use **headphones** if necessary to protect your privacy.

Technology-Related Issues

There are **various risks** associated with using technology for telehealth, including:

- **Technical failures** (e.g., dropped calls, Internet outages, software malfunctions).
- **Unauthorized access** by third parties.
- **Data breaches** that could compromise stored information.

If a session is disrupted due to technical failure, your clinician will attempt to reconnect. If reconnection is not possible, your clinician will contact you to reschedule or continue the session via an alternative method.

Electronic Communications

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- You may need **specific software or devices** to participate in telehealth sessions.
 - You are responsible for **any costs** associated with obtaining the necessary equipment, software, or Internet access.
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Crisis Management & Emergency Response Plan

Telehealth is **not appropriate** for individuals in **immediate crisis** who require high levels of support and intervention.

Emergency Plan:

- Before beginning telehealth services, we will establish an emergency response plan to manage potential crisis situations.
 - If your session is interrupted due to a technical issue and you are in crisis, **do not attempt to reconnect**. Instead, contact **911, a crisis hotline, or go to the nearest emergency room**.
 - If you experience a mental health crisis outside of session hours, you should contact:
 - **CARES (Crisis and Referral Entry Services) Line: 1-800-345-9049**
 - **National Suicide Prevention Lifeline: 988**
 - **Local emergency services or a crisis response team.**
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Recording of Sessions

- **Telehealth sessions will not be recorded** unless both client and clinician agree in writing.
 - Unauthorized recording by either party is strictly prohibited.
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Informed Consent & Rights

- This agreement supplements (but does not replace) the general Informed Consent Agreement signed at the start of services.
 - You may request a copy of this agreement at any time.
 - You have the right to withdraw consent for telehealth at any time by providing written notice.
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Fees & Payment

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- Little City will inform you if there are any additional fees associated with telehealth services.
- Clients are responsible for payment of all agreed-upon fees for telehealth services.
- Failure to provide payment may result in service interruption or termination.

Consent & Statement of Understanding

I hereby authorize **Little City Foundation staff and contractors** to provide **clinical services via telehealth video/audio platforms** as part of my mental health or behavioral treatment.

I acknowledge that:

- I have read and understand this consent form.
- I have had the opportunity to ask questions.
- I am responsible for payment of all fees as agreed upon prior to the initiation of services (if applicable).
- I understand that I may revoke this authorization at any time by providing written notice.
- If I do not revoke this consent, it will remain valid for **one year from the date of signing**.

Client (12 and over)

Date

Guardian (if applicable)

Date

Little City Clinician

Date

Effective 3/14/25