

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLINICAL SERVICES INFORMED CONSENT FOR TELEHEALTH SERVICES**

Patient Name: _____

MRN: _____

Date of Birth: _____

The purpose of this document is to obtain consent for Telehealth Services with Waukesha County Department of Health and Human Services (WCDHHS). In order to maintain care under certain circumstances, including during periods of any closure (mandatory or voluntary) for any reason, we may offer to conduct individual and/or group psychotherapy, psychotherapy with medication management, and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the provider and consumer are not in the same physical location/site through the use of various technologies. This could include video sessions via telehealth software on a computer, tablet or other approved electronic devices.

Definition of Telehealth

Variously dubbed telemedicine, tele therapy, distance therapy, e-therapy, internet therapy, or online therapy, “telehealth” is defined as the use of electronic transmission to provide interactive real-time mental health services remotely, including consultation, assessment, medication management, diagnosis, treatment planning, counseling, psychotherapy, coaching, guidance, psycho-education, education and transfer of medical information with an experienced provider.

Due to the rapidly changing circumstances, the approved platform (i.e.: telephone call, email, texting) of the delivery of these services are subject to change. ***In the event the above-mentioned delivery platforms are approved methods of communications, this consent will serve as authorization to deliver services in that manner.***

Agreements

Telehealth is governed by all the same ethics and laws that cover in-person, in-office services. Consequently, all other policies, consents and agreements signed with your provider apply to telehealth services as well. This document is an addendum to all in-office services agreements, and does not substitute or replace any such agreements.

Advantages and Disadvantages

The main advantage of telehealth is that it provides flexibility for continuity of care when in-person sessions cannot be conducted. Telehealth by videoconference allows for both verbal and non-verbal communication in a way that is similar but not identical to in-person communication.

Telehealth is not a universal substitute, nor the same as in-person psychotherapy services. Some report that telehealth services do not provide the same level of ease, comfort and connection, and may not seem as “complete” when discussing personal and private matters. Body language is not as fully visible. Misunderstandings may occur more easily. These differences may impact the quality of the professional therapeutic relationship. Just as with in-person psychotherapy, the effectiveness of telehealth services cannot be guaranteed. Discuss any concerns as they arise.

Prerequisites

Telehealth requires some reasonable comfort with technology. Telehealth is best for augmenting in-person services when a client is unable to come to the office location due to

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLINICAL SERVICES INFORMED CONSENT FOR TELEHEALTH SERVICES**

Patient Name: _____

MRN: _____

Date of Birth: _____

temporary limitations, such as medical conditions limiting physical mobility, distance due to travel, and scheduling conflicts, etc. To provide optimal care, ideally in-person sessions are recommended.

Under certain extreme circumstances when telehealth should not be provided due to the nature of therapeutic services needed, your provider may recommend: coming into the office, waiting until you can come into the office, or referring you to a provider who can provide such services in-person. With the COVID-19 pandemic, receiving in-person therapy services from anyone may become very challenging; telehealth provides a great alternative to in-person services, when possible.

Emergencies

Telehealth is not recommended for any mental health emergency. If your provider believes you would be better served with in-person service and your provider is unable to provide that, you will be referred to a provider in your area that can provide such services.

Just as with in-person services, if an emergency should occur during a telehealth session, your provider will consider taking any steps necessary to ensure your safety and that of others.

Scheduling

Telehealth sessions will be scheduled ahead of time. These appointments reserve time specifically for you. Just as with in-person appointments, you are responsible for keeping and paying for all telehealth appointments.

We will start and end on time. In all telehealth sessions, the provider will initiate the telehealth session, unless other arrangements are made in advance. A window of 15 minutes will remain open after the start time of your session. Just as with an in-person session, if your provider doesn't hear from you or can't get through to you, the provider will attempt to contact you via phone.

Cancellations and missed appointments are handled in the same way as in-person cancellations are handled in other forms. The provider cannot be responsible for the client's ability to participate in sessions, including technological difficulties or disruptions.

Confidentiality

The same laws protecting the confidentiality of your medical information in the office apply to telehealth sessions, including law that protects substance use records, 42 CFR Part 2. This also includes mandatory reporting and permitted exceptions under HIPAA, such as child, elder and dependent adult abuse reporting, risks to the client's wellbeing, threats of violence to an identifiable victim and when clients enter their own emotional or mental factors into a legal proceeding.

The client and provider both agree to keep the same privacy safeguards used during in-person sessions. Ensure that your environment is free from unexpected or unauthorized intrusions or disruptions to our communication. You are asked to preserve privacy and limit the risk of being overheard by a third party by conducting the session in a private room with closed doors, with

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLINICAL SERVICES INFORMED CONSENT FOR TELEHEALTH SERVICES**

Patient Name: _____

MRN: _____

Date of Birth: _____

reasonable sound barriers, and no one else present or observing, unless session is occurring on-site and telehealth staff need to be present. Earphones may be very helpful to help you preserve privacy as well. The client and provider both agree to not record the telehealth sessions without prior written consent.

Consent

You have the right to opt in or opt out of telehealth communication at any time, without affecting your right to future care or treatment, except during the COVID 19 pandemic when in-person sessions will not be available for a period of time. Please discuss this thoroughly with your provider.

Your signature below indicates that you understand that you are responsible for learning to handle the specific medium used, *prior to your telehealth sessions*, and to engage in any necessary rehearsals to ensure effectiveness.

Security

No electronic transmission system is considered completely safe from intrusion. While a variety of software programs are available for video conferencing, such as Skype, Facetime, or GoToMeeting, most are not encrypted, or compliant with Federal law to protect the privacy of your health communication.

Interception of communication by third parties remains technically possible. You are responsible for information security on your own computer, laptop, tablet, or smartphone.

Due to the complexities of electronic media and the internet, the risks of telehealth include the potential for the release of private information, including audio, written materials and images which may be disrupted, distorted, interrupted or intercepted by unauthorized persons, despite your provider's reasonable efforts. Consequently, your provider cannot fully guarantee the security of telehealth sessions.

Video Conferencing

At the time of the telehealth appointment, if the originating site is the client's home, it is the client's responsibility to have their electronic device on, video conferencing software launched, and be ready to start the session at the time of the scheduled telehealth appointment. This requires setting up, a few minutes prior to each start time. The client is responsible for his/her own hardware and software, audio and video peripherals, and connectivity and bandwidth considerations.

For telehealth services provided on-site, it is the responsibility of the telehealth staff to ensure electronic device is on, video conferencing software is launched, and ready to start the session at the time of the scheduled appointment.

If a video telehealth session is disrupted after reasonable attempts, we may have to reschedule the session or switch to a phone call to discuss next steps.

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLINICAL SERVICES INFORMED CONSENT FOR TELEHEALTH SERVICES**

Patient Name: _____

MRN: _____

Date of Birth: _____

Payment & Insurance

Telehealth services are professional services and are subject to the same rate as in-person services.

Clients that may be relying on insurance or any other third-party coverage for service reimbursement are advised to contact the insurance company to determine if telehealth is covered benefit by the policy. Even when health insurance covers in-person services, health insurance may limit or deny coverage of telehealth services. If your insurance does not cover telehealth services, you will personally be responsible for payment.

Information on Telehealth Sessions

- Client will need to use a webcam or smartphone during the session unless this is a service being provided on-site.
- It is important to be in a quiet, private space, in your own residence, that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your telehealth-appointment, you must notify your provider by phone, in advance of your scheduled time.
- We are in need of a valid phone number to reach you in the event of any technical difficulties (to restart the session, to reschedule the session, or in the event of technical difficulties, etc.).
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- Your provider may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have agreed to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information.
- You understand that the provider will be at a different location from you.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLINICAL SERVICES INFORMED CONSENT FOR TELEHEALTH SERVICES**

Patient Name: _____

MRN: _____

Date of Birth: _____

- You have been given the opportunity to ask your provider at WCDHHS questions relative to your Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you;
- That you fully understand its contents including the risks and benefits of telehealth services;
and
- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Client/Guardian* Signature Date

Client/Guardian* Name (Please Print) Client Email Address

* If signed by a person other than the client, complete the following:

Client is: Minor Incompetent Unable to sign due to disability

Legal Authority: Parent of Minor Legal Guardian Power of Attorney (POA)

Other:

* If you check any of the above boxes, you must have proof of legal authority (i.e. Guardianship Papers, Power of Attorney documents) *

Physical Address From Which I Will Be Communicating Privately For Telehealth Sessions:

Street Address City/State Zip Code

Person Obtaining Consent Signature Date

Person Obtaining Consent Name (Please Print)