



Informed Consent for Telehealth Services

Definition of Telehealth

Telehealth involves the use of electronic communications to enable The Family Connection LLC to connect with individuals using interactive audio, video, telephone and/or other audio/video communications.

Telehealth includes the practice of psychological health care delivery services such as assessments, diagnosis, consultation, transfer of medical and clinical data, psychoeducation, referral to resources, and treatment.

Considerations regarding Telehealth Services:

1) Technology

Comfort with technology varies among people and therefore, use of telemental health or “telehealth” requires a comfort and proficiency with technology. Your therapist will work to assess with you whether you might be a fit for telemental health prior to engaging in services.

As a standard of practice, we will request that you have an external wide-angle camera that allows for us to see your entire body to help us increase the efficacy of your treatment. We will also request that your internet access meet the minimum standards of 15 Mbps download and 5 Mbps upload.

I understand that there are various technology platforms available for Telehealth. The Family Connection uses Doxy and WeCounsel. The goal of these platforms is to provide access to care in a convenient and accessible way that allows you to focus on your mental healthcare needs. However, it is not without risk, as any Platforms used is not 100% secure and may have issues with wi-fi connectivity. Your provider will work with you to develop a back-up plan, which will include identifying alternate treatment methods if the original platform is not performing adequately or if internet services are down, which may include switching platforms used or scheduling an in-person meeting instead. I acknowledge and agree to follow the back-up plan outlined with your therapist to mitigate technology issues, understanding that there is no guarantee of services at the specific date and time when issues with the technology cannot be resolved.

2) Benefits and Risks

Because of recent advances in communication technology, the field of telehealth has evolved. What is important here is that you are aware that telehealth therapy may or may not be as effective as in-person therapy and therefore, we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy. As a standard of practice and to ensure that you are receiving the highest quality of care, The Family Connection LLC requires that a minimum of one session take place in person to complete a full assessment and ensure that telehealth is a viable option for health care delivery services for you as the patient. I understand that during the course of my services, if my therapist, at any time, believes that I

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would be better served by another form of intervention (e.g. face-to-face services), I will be referred to in-person counseling and/or referred to a mental health professional who can provide those services in my area. I acknowledge that there is no guarantee that telehealth sessions will eliminate the need for me to see a therapist or other mental health provider in person.

I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of various technology platforms such as Doxy, WeCounsel, Zoom, etc. are not 100% secure and may have issues with WIFI connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with these communication platforms.

I understand that the alternatives to counseling through telehealth as they have been explained to me, and I am choosing to participate using telehealth technology.

3) Scheduling

I understand that scheduling is based on my therapist's normal clinic hours. I understand that the telehealth appointment is time set aside specifically for my care and therefore, late cancellations and/or no call no shows may be assessed the entire session fee. I acknowledge that parameters for interaction with my therapist, including anticipated response times are covered in The Family Connection's Electronic Communication Consent and Social Media Policy.

4) Financial Obligations

The Family Connection LLC will bill your available insurance for telehealth services.

If insurance is not available, fees associated with telehealth appointments are payable by credit or debit card only. If fees may be associated with my telehealth services, I agree to have my credit/debit card information on file with The Family Connection LLC. My card will be billed the same day as my scheduled telemedicine appointment. If my card is declined, The Family Connection LLC will cancel my appointment and I will be charged in accordance with the cancellation policy.

5) Confidentiality

The laws that protect confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my treatment is generally confidential with exceptions for safety and legal implications, as expressed in the Informed Consent document. The Family Connection agrees to use a HIPAA compliant electronic platform with a Business Associates Agreement to protect your privacy and confidentiality.

I understand that there are risks and consequences associated with telehealth including but not limited to the possibility, despite reasonable efforts on the part of my therapist, that the transmission of my medical information could be disrupted or distorted by technical failures.

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6) Receipt of Services

With telehealth, there is the question of where is therapy occurring – at the therapist’s office or the location of the client? It is The Family Connection’s policy to inform clients that they are receiving services as if they are in our physical office and therefore are bound by the laws of the State of New Mexico. In addition, due to our therapists’ licensure, clients must reside within the State of New Mexico for all treatment services. In participating in telehealth services by The Family Connection, I agree to remain within the State of New Mexico (or for Active Duty military to remain on United States soil) during the course of the treatment session.

7) Handling Emergencies

I understand that by signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based therapy services. If I am in crisis or in an emergency, such as having thoughts about hurting myself or others, having uncontrolled psychotic symptoms, or am in a life threatening or emergency situation, and/or if I abuse drugs or alcohol or am not safe, I should immediately call 9-1-1 or seek help from a hospital or crisis oriented health care facility in my immediate area. My therapist and I have discussed my options in regards to handling potential emergency situations that might arise just prior to or during telehealth services, where I have agreed to follow our emergency plan, including the use of a code word when confidentiality is no longer upheld, such as someone entering the space where you are communicating in.

CONSENT TO THE USE OF TELEHEALTH

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

If Client is a minor:

Client:

By: _____

(relationship to minor)

(printed name)

Date: _____

Date: _____