

Telehealth Disclosure and Informed Consent

Telehealth Information/Procedures:

The interactive technologies used in telehealth incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means. During your telehealth sessions, details of your medical history and personal health information may be discussed through the use of interactive video, audio or other telecommunications technology. You may decline any telehealth services at any time without jeopardizing access to future care, services, and benefits, as long as no public health crisis is in effect.

These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Disruption Protocol: In the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means. In the event of service disruption, I will reach out to you by phone.

Limitations: Regardless of the sophistication of today's technology, some information the therapist would ordinarily get in an in-person session may not be available in telehealth. I understand that such missing information could in some situations make it more difficult for the therapist to understand my problems and to assist in my treatment.

Risks: I understand that telehealth is a relatively new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized. Among the risks that are presently recognized is the possibility that the technology will fail before or during the session, that the transmitted information in any form will be unclear or inadequate for proper use in the session(s), and that the information will be intercepted by an unauthorized person or persons. In rare instances, security protocols could fail, causing a breach of privacy of personal health information.

____ **(Initial) Electronic Transmission of Information:** I agree to participate in technology-based sessions and other healthcare-related information exchanges with Timothy L Hook, II. This means that I authorize information related to my medical and mental health to be electronically transmitted in the form of images and data through an interactive video connection to and from the above-named therapist.

____ **(Initial) Mobile Application:** Using mobile services may mean that my private health information may be transmitted from my therapist's mobile device to my own or from my device to that of my therapist via an 'application' (abbreviated as "app").

____ **(Initial) Equipment:** I represent that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I am aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

Client Signature: _____

Date: _____

HIPAA Privacy Practices

We are required by law to follow the practices described in this letter. This letter is a summary of our Privacy Practices but does not replace the full version which has been made available to you. This notice applies to personal medical/mental health information that we have about you, and which are kept in or by this agency. With some exceptions, we must obtain your authorization to disclose (or release) your health care information. There are some situations in which we do not have to obtain your authorization. We can use your protected health information and share it with members of our organized health care arrangement (like a community provider). Neither this pamphlet nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Office for this agency.

Who Has Access to Your Personal Information?

- Medical/Mental health information about you can be used to:
 - Plan your treatment and services. This includes releasing information to qualified professionals who work at our agency and are involved in your care or treatment. It may also include provider agencies whom we pay to provide services for you. We will only release as little as possible for them to do their jobs.
 - Submit bills to your insurance, Medicaid, Medicare, or third-party payers.
 - Obtain approval in advance from your insurance company.
 - Exchange information with Social Security, Employment Security, or Social Services.
 - Measure our quality of services.
 - Decide if we should offer more or fewer services to clients.

Without your permission, we may use your personal information:

- To exchange information with other State agencies as required by law.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To inform you about possible treatment options.
- To send you appointment reminders.
- For agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- As required by State, Federal or local law. This includes investigations, audits, inspections, and licensure.
- When ordered to do so by a court.
- To communicate with law enforcement if you are a victim of a crime, involved in a crime at our agency, or you have threatened to commit a crime.
- To communicate with the coroner, medical examiners and funeral homes when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

What Are Your Rights?

To see and get a copy of your record (with some exceptions).

To appeal if we decide not to let you see all or some parts of your record.

To ask for the record to be changed if you believe you see a mistake or something that is not complete.

You must make this request in writing. We may deny your request if:

1. We did not create the entry
2. The information is not part of the file we keep; or
3. The information is not part of the file that we would let you see; or
4. We believe the record is accurate and complete.

To know to whom, we have sent information about you for up to the last six years.

The first request in a 12-month period is free. We may charge you for additional requests.

To limit how we use or disclose information about you. For example-not to release information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.

To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.

To tell us (authorize) other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

Client Signature: _____

Date: _____