



<https://doxy.me/santamariahealth>

Informed Consent for Telebehavioral Health Services

Telebehavioral health services involve conducting psychotherapeutic and/or psychiatric services utilizing interactive audio and/or video technology systems/ devices where the provider and the patient are not physically in the same location. The technology systems/devices use network and software security protocols to safeguard protected patient health information and shield the data exchanged while the service is provided

Potential Benefits

Potential Risks of Using Telebehavioral Health Services

1. Information sent may not be of ample quality (i.e., poor resolution of audio and video) to allow for appropriate medical and/or clinical decision making by the behavioral health provider.
2. Delays in behavioral health services (psychiatric and psychotherapeutic) may happen due to deficiencies or failures in equipment out of our and/or your control. Your behavioral health provider and/or you will immediately notify each other of connectivity and/or transmission difficulties such as being able to hear and/or see each other during the telebehavioral health session.
3. In rare instances security protocols could fail resulting in a breach of your protected patient health information. For the protection of your protected patient health information, please do not use a free and/or public Wi-Fi connection for your telebehavioral health session.
4. The behavioral health provider may not be able to provide the behavioral health services to you using interactive electronic equipment nor provide or arrange for emergency care you could require in instances of connection failure.
5. A lack of access to all of the information that could be available during a face- to-face behavioral health service that is not available during your telebehavioral health session could result in errors in judgment by your behavioral health professional.
6. If your behavioral health session begins via video transmission and during the session technical complications arise preventing the session from being completed via that media, your behavioral health provider will need to call you at the phone number associated with your account. Please assure you have your phone available in case this happens.

7. If your telebehavioral health session begins via video transmission and during the session technical complications arise preventing the session from being completed via that media, your behavioral health provider will need to call you.
8. If you utilize a mobile phone for your telebehavioral health session, please be aware that the communication via the phone is not necessarily confidential as it would be through a landline.
9. It is possible others could overhear or view your telebehavioral health sessions based upon the location you where you choose to participate in the session. To minimize that risk, please select a quiet and private location for your telebehavioral health session.

Patient Rights

1. You have the right to withdraw or withhold consent for telebehavioral health services at any time without negatively impacting your right for future behavioral health treatment at Santa Maria Health.
2. You understand that the behavioral health provider has the right to withdraw or without consent for telebehavioral health services at any time.
3. You understand that your behavioral health provider will not record any of your behavioral health sessions without your written consent.
4. You understand the laws that protect the confidentiality of your behavioral health services also fully apply to your telebehavioral health services. You understand the information disclosed during the course of treatment is generally confidential; however, there are both mandatory and permissive exceptions to confidentiality including, but not limited to, reporting child, elder, and dependent adult abuse, expressed threats of harm or death to self and/or violence against an identifiable victim;

Patient Responsibilities

1. You will provide BHES with at least one emergency contact name and telephone number in case of a psychological/psychiatric emergency before, during and/or after your session.
2. You will provide BHES with your location at the time of the telebehavioral health session in case of a psychology call/psychiatric emergency before, during and/or after your session.
3. You will not record, in any format, telebehavioral health sessions without written consent from your behavioral health provider.
4. You will inform your provider if any other person can hear or see any part of our session before the session begins or as soon possible if that happens during our session

5. You are responsible for any and all configuration of the electronic equipment (i.e., computer, phone, tablet, etc.) you chose to use for your telebehavioral health session.
6. You understand if your telebehavioral health session does not achieve everything that is needed to provide you with an appropriate level of care, you will be given a choice about what to do next. This could include a follow-up face-to-face behavioral health session or another telebehavioral health session depending on the circumstances of the situation.
7. You are responsible to may any copays or other required payments for your telebehavioral health session prior to the session starting. Credit Card payments can be made over the phone at: 630-346-3995
8. You understand that your telebehavioral health session is scheduled the same as an in-office appointment, and thus if the need arises to cancel your scheduled telebehavioral health session you are expected to do so at least 24 hours in advance of your appointment to avoid the late cancelation fee of **\$100.00**.

Patient Consent to the Use of Telebehavioral Health Services:

My signature behavior provides my explicit informed consent to participate in telebehavioral health services as part of my behavioral health services (i.e. Evaluations and treatment). I understand that "telebehavioral" includes the practice of behavioral health care delivery, diagnosis, consultation, treatment, transfer of behavioral health data and education using interactive audio, video and/or data communications. I have read and understand the information provide in this informed consent form.

PATIENT/GAURDIAN SIGNATURE

DATE

STAFF

DATE