(PBH) Consent for Telehealth Consultation

You are previewing Consent for Telehealth Consultation.

Consent for Telehealth Consultation

Psychological Behavioral Health Inc.

Telehealth Agreement

I agree to not record any portion of the appointment without the explicit written permission by the clinician in the recording.

I understand that it is against the law to record any part of the session without the explicit written consent by all parties. I understand that I will prosecuted and face civil liability in the event I engage in the recording of the appointment without explicit written consent by the clinician.

I understand and agree not to use any portion of the telehealth recording for any purpose without the explicit written consent of the clinician.

CONSENT FOR TELEHEALTH CONSULTATION

Health care provider = Therapist or clinician or psychiatric provider or PBH representative.

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from the location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
6. I understand that I will be charged with costs associated if violations of this agreement result in clinician legal expenses.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by Simple Practice or Zoom is the technology service we will use to conduct telehealth videoconferencing appointments. By signing this document, I acknowledge:

1. Telehealth by Simple Practice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service or Zoom facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by Simple Practice Service or Zoom– or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by Simple Practice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.