

Telemedicine, or, telemental health services, is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical mental health status.

1. The patient must provide informed, written consent to the provider rendering services via telehealth (distant site) in order to participate in any telehealth services. The patient has the right to refuse these services at any time during treatment.
2. The patient must be aware of the alternatives, including delays in service, need to travel, or risks associated with not having services provided by telehealth.
3. The patient must be informed and fully aware of the role of the physician, clinician, and other staff who are going to be responsible for follow-up or ongoing care.
4. The patient must be informed and aware of the location of the provider rendering services via telehealth (distant site) and all questions regarding the equipment, technology, etc. must be addressed.
5. The patient has the right to have appropriately trained staff immediately available to them while they are receiving the telehealth services to attend to emergencies or other needs.
6. The patient has the right to be informed of all parties who will be present at each end of the telehealth transmission and has the right to exclude anyone from either site.
7. The patient must provide full name and a government issued identification document and ongoing contact information.
8. The patient must be provided the name and credentials, including license-type, of the professional rendering services.
9. The patient has the right to keep his/her treatment, diagnosis and services confidential. There are, however, limitations to confidentiality when information is shared via electronic means.
10. The patient is aware of the potential for technical failure, resulting in incomplete treatment or services.
11. The patient and provider shall discuss and agree upon the protocol for contact with one another, between sessions.
12. The member must be made aware of the conditions under which telemental health services may be terminated and a referral made for in-person professional services.
13. This signed consent form pertaining to telemedicine, or, telemental health services should contain the same consents as in-person face-to-face care and that consent form should accompany this document.

---

Patient Signature:

---

Date

