



CHIME MENTAL HEALTH SERVICES
COURAGE HAPPINESS INTEGRITY MINDFULNESS EMPATHY

Telehealth Informed Consent

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or remove consent at any time without affecting my right to future care or treatment nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
2. The laws protecting my personal information's confidentiality also apply to telehealth. As such, I understand that the information I release during my sessions is generally confidential. Please refer to the Informed Consent form you were given for specific details. I also understand that disseminating any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent. I am responsible for ensuring my confidentiality in my home by setting up a private space where video conferencing can occur. I understand that if other distractions or situations compromise confidentiality, my clinician may end the session prematurely.
3. I understand there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of CMHS, that the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.
4. I understand I must utilize a HIPAA-compliant platform on my phone or other device that supports Google Chrome or Mozilla Firefox to access telehealth sessions.
5. I understand I have the right to access my personal information and copies of case notes. I read and understood the client bill of rights and grievance procedure reviewed at my first session, and my therapist answered any questions.
6. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based psychotherapy services. If I am in a crisis or an emergency, I should immediately call 911, 988, or go to the nearest emergency room.
7. I understand that telehealth sessions are billed through my insurance carrier just as face-to-face visits are and that I will be required to pay the same fees as I would if the visit were face-to-face.