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Telebehavioral Health Informed Consent

Introduction of Telebehavioral Health:

_____ As a patient receiving behavioral services through telebehavioral health technologies, I understand:

_____ Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.

_____ The interactive technologies used in telebehavioral health 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.

Software Security Protocols:

_____ Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Benefits & Limitations:

_____ This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

Billing & Financial Responsibility:

_____ I understand all efforts will be made to bill my health insurance for telebehavioral health services. I understand I am responsible for charges incurred for the telebehavioral health services based on my insurance plan. I understand that I am responsible for verifying telebehavioral health coverage/benefits with my insurance company, and understand that I am responsible for the charges incurred, in the event it is not covered.

Technology Requirements:

_____ I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided. My practitioner will inform me of the technology to be used and how I will enter the telebehavioral health session.

Exchange of Information:

_____ The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

_____ During my telebehavioral health session, details of my medical history and personal health information may be discussed with myself or other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.

Local Practitioners:

_____ If a need for direct, in-person services arises, it is my responsibility to contact my practitioner to determine the best course of action or I may contact Parkview Behavioral Health Assessment Center at (260) 373-7500, or St. Joseph Behavioral Health at (260) 425-3606. I also understand I can call 911 in emergency situations or proceed to my nearest emergency room.

Self-Termination:

_____ I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.

Risks of Technology:

_____ 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. It is not recommended to utilize public wifi, nor devices that are not owned by the client (such as a work device).

Modification Plan:

_____ My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Emergency Protocol:

_____ In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:

In emergency situations, practitioner should call _____

Disruption of Service:

_____ Should service be disrupted, practitioner should call _____

Practitioner Communication:

_____ My practitioner may utilize alternative means of communication in the following circumstances:

_____ Telebehavioral session was disrupted due to internet/technology failure of any form.

_____ Poor reception preventing effective communication.

Client Communication:

_____ It is my responsibility to maintain privacy on the patient end of communication. Insurance companies, those authorized by the patient, and those permitted by law may also have access to records or communications.

_____ I agree I will not audio or video record the telebehavioral session.

Storage:

_____ My communication exchanged with my practitioner will be documented by the practitioner in the form of a progress note placed in my medical record.

Laws & Standards:

_____ The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement:

Client Printed Name

Signature of Client or Legal Guardian

Date

Printed Name of Practitioner

Signature of Practitioner

Date