

# Augusta Psychological Associates

## Telehealth Consent

Telehealth service is the delivery of mental health services using interactive audio and visual electronic systems where the therapist and the patient are not in the same physical location. The interactive electronic systems used by Google Meet, Zoom, Vsee, Doxy.me, and others (depending on your provider) incorporate network and software security protocols (including but not limited to encryption of communication) to protect the confidentiality of patient information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

### Potential Telehealth Benefits:

- \* Increased accessibility to mental health care.
- \* Patient convenience.

### Potential Telehealth Risks:

- \* Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by my therapist.
- \* Delays in mental health evaluation and treatment could occur due to deficiencies or failures of the equipment.
- \* Security protocols can fail, causing a breach of privacy of my confidential medical information.
- \* Limited ability to respond to emergencies - If you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, my therapist may determine that telehealth services are not appropriate and a higher level of care is required.
- \* You should confirm with your insurance company that the video sessions will be reimbursed. If they are not reimbursed, you are responsible for full payment.

If I decide that the potential benefits outweigh the potential risks, I may request a telehealth session when I schedule follow-up appointments as appropriate and if they are offered (subject to therapist discretion). Once scheduled, I will be sent an internet link or called with login instructions to the

telehealth service at or around the time of my appointment. I agree to use the video-conferencing platform selected for our virtual sessions, and my therapist will explain how to use it.

If I decide that the potential risks outweigh the potential benefits, I will speak with my therapist about possible appropriate alternatives.

### **My Rights:**

1. I understand that **the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telehealth services, and that the same exceptions to confidentiality apply (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; or I raise mental/emotional health as an issue in a legal proceeding.)**
2. I understand that **all the Virginia rules and regulations which apply to psychiatry and therapy also apply to telehealth .**
3. I understand that **my therapist may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.**
4. I understand that **I have the right to withhold or withdraw my consent for the use of telehealth services at any time during the course of my care, and withdrawal of my consent will not affect any future care or treatment from my therapist .**

### **My Responsibilities:**

1. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
2. It is important to use a secure internet connection rather than public/free WiFi. I will ensure the proper configuration and functioning of my computer, tablet or smartphone prior to the session. A working camera and microphone are required.
3. It is important to be on time. If you need to cancel or change your tele-appointment, notify your therapist by phone.
4. I will not record any telehealth sessions without written consent from Augusta Psychological Associates. I understand that my therapist will not record the session.
5. I will inform my therapist as soon as my session begins if any other person can hear the session or if anyone is in the room with me.

**6. We will have a backup plan (e.g. a phone number where you can be reached) to restart the session or reschedule it in the event of technical problems. I understand that I can telephone Augusta Psychological Associates to reschedule a new appointment.**

**7. I understand that I must be physically within Virginia (including offshore State waters) to be eligible for telehealth services. I will inform my therapist as soon as my session begins of my physical location. We will have a safety plan that includes an emergency contact and the closest emergency room to your location in the event of a crisis situation.**

- Patient Consent to the Use of telehealth services \*

I have read and understand the information provided above regarding telehealth..

I hereby give my informed consent for the use of telehealth and authorize my therapist to use telehealth in the course of my diagnosis and treatment. I hold Augusta Psychological Associates PC, its therapists, and its staff harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

Patient Name:

Signature:

Date:

Guardian (if applicable):

Therapist Signature :

Date: