



## Telehealth Informed Consent Form

In reviewing and signing this form, you are authorizing to engage in telehealth services with a provider from Regency Home HealthCare Services. Telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or audio/video communications.

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

- 1.) I have the right to withhold or remove consent at anytime without 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 that protect confidentiality of my personal information also apply to telehealth. As such I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 3.) I understand that there are risks and consequences from telehealth including but not limited to the possibility, despite reasonable efforts on the part of Regency Home HealthCare Services, LLC, 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.

In addition, I understand that telehealth based services and care may not be as complete as in-person services. I understand that if my therapist believes I would be better served by other interventions I will be referred to a mental health professional who can provide those services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.

- 4.) I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of Skype, Facetime, Zoom, Microsoft Teams, GoToMeeting and Google audio/video systems are not 100% secure and may have issues with WIFI connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communications systems. Signing this form shows an awareness of these issues and a decision by this patient to use these systems for telehealth services. I will not hold Regency Home HealthCare Services, LLC or staff liable for gathering or use of client information by these service providers.
- 5.) I understand I have the right to access my personal information and copies of my case notes. I have read and understood the information provided above. I have discussed these points with my therapist, and all my questions regarding the above matters have been answered to my approval.



## Telehealth Informed Consent Form (cont.)

By signing this document, I agree that certain situations including crisis situations or emergencies are inappropriate for audio/video/computer-based psychotherapy services. I agree to utilize crisis resources, call 911, or go to the nearest emergency room immediately in the event these concerns arise. I acknowledge and have also signed off and was provided with a copy of emergency or crisis resources.

### Consent and Signatures

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable OR if patient is under 18 years of age:

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_