The Academy of Physical and Social Development
Telehealth Informed Consent

Telehealth involves the use of electronic communications to enable the Academy's staff and interns to connect with individuals and/or groups using interactive video and/or audio communications. Telehealth includes the practice of counseling, consultation, treatment, referral of resources, education and the transfer of data.

1. This service is provided by technology (including but not limited to video, phone, text and email) and may involve direct face to face communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided. The exchange of information will likely be provided through electronic means or through postal delivery. During virtual care details of my history and personal information may be discussed with you.

2. 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. All telehealth platforms may have issues with wifi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee off 100% confidentiality cannot be made. My counselor and I will regularly assess the appropriateness of continuing to deliver services through the use of technologies and modify our plan as needed.

3. I understand that others may be present during my consultation / session other than my counselor in order to operate the video equipment. The above mentioned people will all maintain confidentiality of information obtained. I understand I will be informed of their presence during the consultation/session.

4. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio, video, computer-based telehealth. If I am in a crisis or in an emergency I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area. If I feel suicidal I am to call 911 or the National Suicide Hotline at 1-800-784-2433

5. I may decline any telehealth services at any time without jeopardizing my access to future care, services or benefits.

To prevent a serious threat or risk to health and safety we may use and disclose your private health information (PHI) when necessary to prevent a serious or imminent risk to the heath or safety of you, the public or another person without a release. Under these circumstances we will only disclose minimal PHI to someone who is able to help prevent or decrease the risk/threat.

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.

I have read and understand the information provided regarding telehealth, have discussed it with my counselor and all of my questions have been answered to my satisfaction. I understand the risks and benefits related to the use of telehealth services and my signature below confirms I agree to the terms of this document:

_____ _____
Print name date

_____
Signature

_____
Child's name