

The Serenity Center of Youngstown
Informed Consent for Telehealth Services

Definition of Telehealth

Telehealth involves the use of electronic communications to enable Serenity Center of Youngstown's behavioral health professionals to connect with individuals using interactive video and audio communications (including, but not limited, to video, phone, and email). Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. The Serenity Center utilizes secure, encrypted, and HIPAA compliant audio/video transmission software to deliver telehealth.

By signing this form, I understand and agree to the following with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. 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.

2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth during the course of my care at any time without affecting my right to future care or treatment.

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 the counselor) that: The transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. I understand that there is a risk of being overheard by persons near me, and I am responsible for using a location that is private and free from distractions or intrusions.

(a): In the event audio/video services are unavailable or interrupted for any reason, the session may occur over the telephone. If I, as the client, would prefer not to utilize telephone for the session, I can communicate this to my counselor and have that appointment rescheduled.

(b): I understand that telephone may not be an encrypted form of electronic communication and by agreeing/requesting to utilize it for service delivery, I am responsible for confidentiality in my own environment.

4. I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using audio/video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to "face-to-face" psychotherapy.

5. I understand that therapists licensed in Ohio may only deliver services to residents or people located in Ohio. If I plan on leaving Ohio for any length of time in the future, I will inform my therapist as soon as possible so proper arrangements can be made for future services or referrals, as appropriate. (Therapists have to comply with licensing laws of whichever state their client is located at time of session, and each state has its own laws, so as much notice as possible is appreciated)

6. I understand that I may expect the anticipated benefits, such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

7. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation, other than my counselor, in order to operate the technological equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history that are personally sensitive to me, (2) ask non-clinical personnel to leave the telehealth room, and/or (3) terminate the consultation at any time.

8. I understand that my express consent is required to forward my personally identifiable information to a third party.

9. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.

10. The laws, ethics and professional standards that apply to in-person therapeutic services also apply to services delivered by electronic means. This document does not replace other agreements, contracts, or documentation of informed consent covering other issues. If you want licensing information on your therapist, you can find it at one of the licensing board websites. Psychology Board statutes, rules and other helpful information may be found at www.psychology.ohio.gov, the Counselor, Social Worker & Marriage and Family Therapist Board's website may be found at www.cswmft.ohio.gov, the Chemical Dependency Professionals Board's website may be found at www.ocdp.ohio.gov, and the Ohio State Medical Board's website may be found at www.med.ohio.gov.

11. 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 crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented healthcare facility in my immediate area or contact any of the following:

*Text Crisis Line (24/7): text HELLO to 741741 * Mahoning & Trumbull Counties Help Hotline (24/7): 2-1-1 * Help Network Suicide Hotlines: Mahoning & Trumbull Counties: (330) 747-2696 Columbiana County: (330) 424-7767*

If a crisis arises during a telehealth session, my counselor may be required to alert local authorities for intervention. These details will also be verbally reviewed by my counselor at the start of telehealth service.

Payment for Telehealth Services

Serenity Center of Youngstown will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. Copays will be the individual's responsibility. In the event that insurance does not cover telehealth, the individual wishes to pay out-of-pocket, or when there is no insurance coverage, a prompt pay discount is available. We will provide you with a statement of service to submit to your insurance company if you wish. Prompt pay service can be discussed with our billing department at 330-965-9999, ext. 504.

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name

Client's Signature

Parent or Guardian Signature

Date

Date