

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEBEHAVIORAL HEALTH Rockbridge Area Health Center

This authorization and consent to participate in telebehavioral health is not a substitute for Patient Consent for Treatment and HIPAA Notice of Privacy Practices, which should be completed separately at the initiation of services with adult patients or legal caretakers.

Definition and Details: Telebehavioral health refers to counseling/therapy services that are provided remotely using phone or videoconferencing. To participate in videoconferencing, there is necessary technology, hardware, software, internet access, and competency with technology that is required. The patient or legal caregiver and provider together will determine the best form of telebehavioral health to use during sessions based on access, patient preference, and clinical indications. If a patient will be using videoconferencing sessions, they will receive the appropriate instructions in advance.

Patients are entitled to the same rights and have the same responsibilities as with face-to-face sessions. Providers will maintain the same level of ethical conduct and protection of privacy, including the maintenance of records, as with in-person sessions.

Benefits and Risks:

Benefits: Benefits of telebehavioral health include: a) patient and provider do not have to be in the same physical location, promoting more consistent visits and easier access to care, b) saving time and money involved with traveling to and from appointments, c) telebehavioral health can be as effective as in-person therapy, d) allowing for therapeutic visits to continue in the context of social distancing recommendations to limit the spread of Coronavirus (COVID-19).

Risks:

- 1) Confidentiality. Your provider will ensure that your sessions are private and confidential to the extent possible. However, there may be challenges with confidentiality using telehealth including: the potential for others to overhear sessions on the patient's end and technology-related issues (e.g., others accessing your private conversations with your behavioral health provider). It is recommended that you are in a private and quiet place during your session to maximize privacy.

Your healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than your provider to operate the video equipment. The above-mentioned people will all maintain confidentiality of the information obtained. You will be informed of their presence during the session and thus will have the right to request that specific details that are personally sensitive to you are not mentioned while they are assisting.

- 2) Interruptions during the session. (a) While privacy is a priority during telebehavioral health, unexpected interruptions may be more likely to occur outside of the therapist's office. (b) Technology may unexpectedly stop working during a session. If the connection is lost during a session, your provider will try to reconnect with you immediately and then every 5 min for 15 minutes or until your session time has expired. If your provider is unable to reconnect with you during the session time and the situation is not urgent, your provider will reach out to schedule a follow-up session at a later time. If you are disconnected from your provider and your provider is unable to immediately reach you during an urgent or emergency

situation, your provider will contact your emergency contact person and might call 911 if necessary.

- 3) **Effectiveness.** Most research shows that telebehavioral health is effective. However, certain aspects of telebehavioral health may be different and less ideal compared with in-person sessions. For example, it may be more difficult for the provider to pick up on nonverbal communication during telebehavioral health compared with in-person sessions. The provider may also not be able to detect when others have entered the room or able to hear your conversation.
- 4) **Crisis Management.** It can be more difficult and riskier to manage a crisis via telebehavioral health versus in-person. Given the current COVID-19 pandemic, however, these telebehavioral health services may be offered to patients with higher mental health needs who might otherwise be seen for face-to-face sessions. To ensure patient safety, the following measures will be taken.
 - a) At the beginning of the session, the patient will be required to inform the provider of his/her location address in case of emergency.
 - b) The patient will be required to inform his/her provider of the name and phone number(s) for at least one emergency contact person, who may be contacted in case of emergency. In the case of a minor, this is usually the legal caregiver.
 - c) If a patient is at high psychiatric risk as determined by the provider, then the provider might require that there be a responsible adult located close-by during the session.
 - d) If a patient is at high psychiatric risk or at risk of being harmed, the provider will work with the patient to develop an emergency response plan to address potential crisis situations that might arise during telebehavioral health.
 - e) If there is an active crisis during the visit, or if your provider is concerned about serious risk of harm to the patient or others or 911 may be called. If the patient is a minor, the parent or legal caregiver might be instructed to bring the patient to the nearest emergency department for assessment.

Financial

Telebehavioral health is a billable service, and insurance or patient (if no insurance) will be billed accordingly. Fees for telebehavioral health may be comparable to face-to-face session fees. Most insurance companies have wider coverage of telebehavioral health services in the context of the COVID-19 pandemic. We will do our best to assist you to understand the costs for these services.

Patient Consent

I have had a direct conversation with my provider about the information in this consent. I have been advised of all the potential risks, consequences, and benefits of telebehavioral health in a language that I understand. I have had an opportunity to ask questions about this information, and all my questions have been answered.

I (name of adult patient or legal caregiver) acknowledge that I have read and understand the policies herein, and I consent for (name of patient) to participate in telebehavioral health services with (name of provider) starting on (date).

Signature of adult patient or legal caregiver: _____

Date: _____