

Telehealth Informed Consent

I have been offered health services via telehealth at CVHS Health Services. Health services could include consultation with a medical, behavioral health, or dental provider; nursing, dental assistant, care coordinator, or other staff deemed necessary to assist in care.

I understand the following:

1. Telehealth services are voluntary. I may end a session at any time.
2. Telehealth sessions will not be exactly the same as in person session. I can ask questions about telehealth procedures.
3. My provider must rely primarily on information I report in our session to make treatment decisions.
4. Telehealth is done over a secure communication system, but data security cannot be perfectly guaranteed.
5. There is the possibility a telehealth session could have technical difficulties. There is risk of:
 - a. Interruption of the audio/video link
 - b. Disconnection of the audio/video link
 - c. A picture that is not clear enough to meet the needs of the consultation
6. My provider or myself can discontinue the telehealth sessions if the videoconferencing connections are inadequate.
7. If the video conferencing connection drops while I am in a session, I will have a phone line available. The provider and I will both try to reach each other.
8. Telehealth health sessions will not be recorded.
9. No identifying or clinical information about me will be disclosed to other entities without my consent, unless my safety is at risk.
10. I should identify a private place to be for my telehealth session. No other individuals should be present unless planned in advance with my provider.
11. If an expected person is seen in the background of my tele-health session, my provider may abruptly end my session.
12. For my safety, I will be asked to provide my location.
13. My provider may ask me to create a safety plan in case of an **emergency**.
14. If there's an emergency during a telehealth session, my provider will call emergency services and my emergency contacts.

My signature means that I have read this form and/or have had it read to me and I consent to participate in telehealth services

Signature

Date