



Telehealth and Technology Informed Consent

Telehealth (also called distance counseling, telepsychology, telemental health, or online therapy) is counseling using electronic, telephone, or visual telecommunications.

Telehealth Options Offered & My Privacy: I, the patient, understand that Desert Wise currently offers distance counseling via phone and visual telecommunication on a case-by-case basis. I understand that telehealth has limitations and is not intended to replace the routine care you receive in our clinic. Desert Wise offers visual telecommunication via Zoom and Skype. I fully understand that Zoom and Skype are not a guaranteed format for patient confidentiality and may not be a HIPAA (Health Insurance Portability and Accountability Act of 1996)-certified method of communication. I understand that Desert Wise offers distance counseling via phone sessions and that telephone communications are not a guaranteed format for patient confidentiality and is not a HIPAA-certified method of communication. I understand that I have the option to choose which method I prefer. I understand that I assume the risk of utilizing methods of communication that are not HIPAA-certified. I understand that, unless otherwise agreed upon, Desert Wise will not record my visual or phone sessions.

Technology Failure: I, the patient, do understand that in the event of a technology failure during a phone or visual telecommunication session, my provider will immediately attempt to reconnect. If I cannot be reached after three reconnection attempts (via the phone or visual telecommunication method being used for the session), my provider will contact me via email (if I have given Desert Wise permission to email me). If all attempts to reconnect fail, I agree that I will attend my next regularly scheduled session for follow-up.

Emergencies & Crisis: I understand that Desert Wise does not provide emergency mental healthcare, as outlined in the general *Informed Consent (DW-002)* that I agreed to and signed at the onset of my treatment. I understand that in the event of a psychological emergency, I am to call 911 or present to the nearest emergency room, and I agree to this plan.

Telehealth Using Visual Telecommunication:

I give my consent to use Zoom for my distance counseling.

I give my consent to use Skype for my distance counseling.

Telehealth Using Phone:

I give my consent to use the telephone for my distance counseling.

I, the patient, have received, reviewed, and had ample opportunity to discuss Desert Wise's *Telehealth and Technology Informed Consent*, general *Informed Consent*, and *Privacy Policy*. I agree that:

- I will comply with the above emergency and crisis plan.
- I have opted in for the technology that is acceptable to me at this time (i.e., by initialing above).
- I have had ample opportunity to ask questions and receive clarification about these options and this policy.
- I have the option to change my mind about any of my choices listed above, and I will do so in writing.
- I recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.
- I wish to proceed knowing these risks.
- This telehealth-specific informed consent does not modify, replace, or invalidate the general *Informed Consent (DW-002)* I signed at treatment onset.

By signing below, I affirm that I have read the policy above and voluntarily consent to evaluation and/or treatment, as described above, with understanding of the limitations of my privacy.

Patient's Printed Name: _____ Signature: _____ Date: _____