



## 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 offers distance counseling via visual telecommunication (i.e., live video) when deemed appropriate for meeting patients' needs. Desert Wise offers visual telecommunication via platforms (e.g., Doxy, VSee, Zoom, Skype, Meetings) agreed upon by both the patient and provider. Though I may agree to certain platforms (e.g., Zoom, Skype, Meetings), I fully understand that they 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 on a limited basis, as visual treatment (i.e., face-to-face or live video) is always the preferred method of therapeutic communication. I understand 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 platform 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 communication 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.

**Missed Appointments:** As described in the *Financial Agreement and Credit Card Authorization (DW-003)* that I agreed to and signed at the onset of my treatment, I understand that a payment of \$50 is charged for no-shows (i.e., missed appointments without 24-hour advance cancelation). As described in the general *Informed Consent (DW-002)* that I agreed to and signed at the onset of my treatment, I understand that if I have not arrived by 15 minutes after the scheduled start of my appointment time, the appointment will be designated as a no-show and will incur a \$50 charge, which is my responsibility. I further understand that these same policies apply to telehealth appointments.

**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.

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 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, and 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 telehealth evaluation and/or treatment, as described above, with understanding of the limitations of my privacy.

Patient's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_