



# Center for Assessment And Treatment

David O. Black, PhD, Director

## TELEHEALTH CONFERENCING AGREEMENT

### **What are Telehealth services and when are they used?**

Telehealth through video conferencing (VC) services are used when you and your clinician cannot be physically present in the same room. VC is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely.

### **How do Telehealth services work?**

After an in-person intake and the establishment of a therapeutic relationship, it may be possible for clinical services delivery to occur via interactive video conferencing (virtual “face-to-face” sessions) in lieu of or in addition to in-person sessions. The VC system we use, Theranest, meets HIPAA standards of encryption and privacy protection, but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting. Service delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. VC may also be used within our office location (room-to-room) for parent coaching.

### **How do I access Telehealth services?**

You will be emailed a link (web address) that will open a webpage for the VC session. You will click on the link or enter it into a web browser to join the session.

### **How is Telehealth different than a regular in-person appointment?**

Other than you and the clinician not being in a room together, there is very little difference in the session.

### **What happens if I choose not to consent to Telehealth services?**

If you choose not to consent to Telehealth services, we will continue to see you for regular in-office appointments.

### **What are the risks of Telehealth services?**

Risks to VC in general may include but are not limited to: lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your clinician but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting nonverbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with Telehealth sessions and will discuss the specifics of Telehealth with you before using the technology. By signing the document below, you are stating that you are aware that your provider may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital

emergency department, or by calling 911.

Below, please list the names and telephone numbers of your local emergency contacts.

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Physician or Psychiatrist Name & Relationship	Telephone number(s)
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Crisis Hotline and local Crisis Center Names	Telephone number(s)
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Family Member Name & Relationship	Telephone number(s)
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Friend Name & Relationship	Telephone number(s)
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By signing this document, you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of 95) via video conferencing.

Signature	Date
Print Name	

If for minor, Parent or Legal Guardian Signature	Date
Print Name(s) if minor as well as parent/legal guardian signature	

Clinician Signature	Date
Clinician Name	