



# denver integrative assessment

## INFORMED CONSENT FOR TELEHEALTH SERVICES

This Informed Consent for Telehealth Services contains important information concerning engaging in telehealth. Please read this carefully and let me know if you have any questions. This consent shall only apply to clients physically within the State of Colorado seeking therapeutic treatment within the State of Colorado.

### **Benefits and Risks of Telehealth Services**

Denver Integrative Assessment uses telehealth technology to conduct interviews and to provide feedback on assessment results. Telehealth refers to the remote provision of services using telecommunications technologies such as video conferencing or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. This can be helpful in increasing the convenience and time efficiency of both parties.

Although there are benefits of telehealth, there are some fundamental differences between in-person services and telehealth, as well as some inherent risks. For example:

- Risks to confidentiality. Because telehealth sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. I will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. You should participate in sessions only while in a room or area where other people are not present and cannot overhear the conversation. In addition, if you have a smart speaker or other smart home device in the area where sessions are being conducted, please turn off the voice activation on that device during the duration of our sessions as a precaution.
- Issues related to technology. There are risks inherent in the use of technology that are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.
- Crisis management and intervention. As a general rule I will not engage in telehealth with patients who are in a crisis situation. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work.

- Efficacy. While most research has failed to demonstrate that telehealth is less effective than in person services, some experienced mental health professionals believe that something is lost by not being in the same room. For example, there is debate about one's ability when doing remote work to fully process non-verbal information. If you ever have concerns about misunderstandings between us related to our use of technology, please bring up such concerns immediately and we will address the potential misunderstanding together.

### **Electronic Communications**

I use a secure platform for telehealth services. You may be required to have certain system requirements to access sessions via the method we choose. You are solely responsible for any cost to you to obtain any additional/necessary system requirements, accessories, or software to use telehealth services.

### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications, electronic and otherwise, that are a part of our telehealth services. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Disclosure Statement/Informed Consent still apply in telehealth. Please let me know if you have any questions about exceptions to confidentiality.

### **Recording**

I will not audio or video record any portion of our telehealth sessions together without your express written consent. By signing below, you also agree that you will not audio or video record any portion of our sessions, nor will you allow anyone else to do so.

### **Appropriateness of Telehealth**

If at any time while we are engaging in telehealth, I determine, in my sole discretion, that telehealth is no longer the most appropriate form of communicating with you, we will discuss options of engaging in face-to-face in-person sessions.

### **Technology Failures**

If the session cuts out, meaning the technological connection fails, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct the session. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you (303-300-6564).

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

**Fees**

The same fee rates shall apply for telehealth as apply for in-person services. However, insurance or other managed care providers may not cover sessions that are conducted using electronic psychotherapy. If your insurance, HMO, third-party payer, or other managed care provider does not cover telehealth sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telehealth sessions in order to determine whether these sessions will be covered.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Your signature below indicates agreement with its terms and conditions. This agreement is supplemental to my general informed consent and does not amend any of the terms of that agreement.

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I, \_\_\_\_\_, the client (or parent/legal guardian), having been fully informed of the risks and benefits of telehealth; the security measures in place, which include procedures for emergency situations; the fees associated with telehealth; the technological requirements needed to engage in telehealth; and all other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.

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Signature of Client/Parent/Legal Guardian

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Date