

# Pathways to Wellness

*A Southern California Relationship Center*

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## **Informed Consent for Telehealth Services**

**Definition of Telehealth:** Telehealth involves the use of electronic communications to enable Pathways to Wellness clinicians to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Copy of our Office Policies and Therapeutic Informed Consent can be provided.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Pathways to Wellness utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth via TheraNest or another secure platform.
4. Pathways to Wellness clinicians follow the State of California Regulations for tele-health as well as their respective board regulations (BBS, APA) and ethics.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

### **Payment for Telehealth Services:**

Pathways to Wellness will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.

### **Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully

and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name: Please enter your name here.

Client's Signature: Please sign your full name to authorize electronic signature.

**The parties agree that this agreement may be electronically signed. The parties agree that the signatures appearing on this agreement are the same as handwritten signatures for the purpose of enforceability, and admissibility.**

Therapist Name: Please enter therapist name here

Therapist's Signature \_\_\_\_\_

Date: