



## **Adult Telehealth Consent Form**

### **Introduction**

Telehealth is the delivery of healthcare services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location. The interactive electronic systems used in Telehealth incorporate network and software security protocols to protect the confidentiality of patient information and audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

### **Potential Benefits**

- Increased accessibility to mental healthcare.
- Patient convenience.

### **Potential Risks**

- As with any medical procedure, there may be potential risks associated with the use of telehealth. These risks include, but may not be limited to:
  - Delays in medical evaluation and treatment may occur due to deficiencies or failures of the equipment. Every effort will be made to overcome technical difficulties.
  - While every effort is made to ensure the confidentiality of tele-communications security protocols can fail, causing a breach of privacy of confidential health information.

### **Alternatives to the Use of Telehealth**

- Traditional face-to-face sessions in your provider's office.



### **Patient's Rights**

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telehealth.
- I have the right to withhold or withdraw my consent to the use of Telehealth during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I have the right to inspect all medical information that includes the Telehealth visit. I may obtain copies of this medical record information for a reasonable fee.
- I understand that my provider has the right to withhold or withdraw consent for the use of Telehealth during the course of my care at any time.
- I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telehealth.
- I understand that the rules and regulations that apply to the provision of healthcare services in the State of New York also apply to Telehealth.

### **Patient's Responsibilities**

- I will not record any Telehealth sessions without written consent from my provider. I understand that my provider will not record any of our Telehealth sessions without my written consent.
- I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my computer that is used for Telehealth. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that I must be present in the State of New York to be eligible for Telehealth services from my provider.
- I understand that in the case of an emergency I must contact my local emergency services by calling 911 from my own location.