

Telehealth Delivery Informed Consent

Telebehavioral health (or telehealth) is the delivery of behavioral health services where the provider and client are not in the same physical location and use interactive technologies (audio, video, and/or other electronic communications).

Telebehavioral health services are provided with technology (including but not limited to video, phone, text, apps, and email) and may not involve in-person communication. There are benefits and limitations to these methods. You will need access to, and familiarity with the appropriate technology to participate in this form of service delivery. The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means.

I _____ a resident of the state of Ohio agree to participate in technology-based consultation and behavioral healthcare-related information exchanges with Karen Kruzan, LISW-S, a behavioral health provider.

Initial your consent

_____ I understand the advantages and disadvantages of choosing telebehavioral health, and I have had the opportunity to have my questions answered.

_____ I understand how telebehavioral health services are performed and how they will be used for treatment.

_____ I understand how these sessions may differ from in-person sessions, including but not limited to emotional reactions that may be generated or impacted by the technology. I understand that some information my provider would typically get via in-person sessions, may not be available in telebehavioral health sessions. I understand that such “missing” information could, in some situations, make it more difficult for my provider to understand my situation and to help me reach my goals.

_____ I understand that Karen Kruzan’s response time will not be immediate and may be more than 24 hours when communicating via text, e-mail, voice mail, and apps. I agree to follow the emergency options outlined below if I need an immediate response.

_____ I understand that telebehavioral health is a relatively new delivery method for psychotherapy, in an area not yet fully validated by research and may have potential risks that are not yet fully recognized. Among the risks presently recognized are the possibility that the technology will fail before or during a session, that the transmission will be unclear or inadequate, and/or that the information will be intercepted by an unauthorized person or persons.

_____ I understand that it is my responsibility to maintain privacy on my end of the communication. I will take precautions to minimize the risk of another person using my technological devices and pretending to be me, and to ensure my privacy in telebehavioral service delivery.

_____ I am aware that any information I enter in an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

_____ I understand that email, text, and certain video platforms are not necessarily HIPAA-compliant, and I agree to waive my right to only use encrypted communication methods. I understand the risks associated with non-encrypted communications. This agreement further means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through email, text, apps, and/or a HIPAA-secure interactive video connection to and from the above named provider. It may also mean that my private health information is transmitted from my provider's mobile device to my own or from my device to that of my provider via an "application" ("app").

_____ Karen Kruzan is not responsible for breaches of confidentiality caused by an independent third party or by me.

_____ I understand that my healthcare provider may choose to forward my information to a third party when I have signed written consent to disclose protected health information. Therefore, it is my responsibility to inform the healthcare provider of any information I do not wish to be transmitted through electronic communication.

_____ If I am unable to communicate that my privacy is compromised during a telehealth session at any point during a session I will use the following password _____. This password will prompt Karen Kruzan to shift the conversation to a benign topic, such as _____

_____ If a need for direct, in-person services arises, it is my responsibility to contact providers in my area. Three options are:

1. 9-1-1 in the event of a life-threatening situation
2. Karen Kruzan, LISW-S 614.795.0626
3. _____

_____ I can also contact Karen Kruzan to request an in-person session, and I understand that an opening might not be immediately available.

There may be times when it is necessary to communicate by other means. These are my preferred methods of communication based on the situation:

Emergency: _____

Disruption in technology: _____

Routine administrative reasons: _____

_____ I understand that at any time a session can be stopped either by me or my provider. I further understand that I do not have to answer any question that I believe is inappropriate or whose answer I do not want others present to hear, that any refusal to participate in telebehavioral health will not affect my continued treatment and that no action will be taken against me.

_____ I understand that I can opt out of all or part of telehealth service delivery at any time. This will not change my ability to receive future care from Karen Kruzan.

_____ My communications exchanged with Karen Kruzan will be stored according to in Twin Brooks policies, and I have received a copy.

_____ I understand that the laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

_____ To the extent permitted by law, I agree to waive and release Karen Kruzan and Twin Brooks from any claims I may have about the telebehavioral health services I receive.

By signing below, I confirm that I understand the inherent risks of errors or deficiencies in the electronic transmission of health information and images during a telehealth visit. I have read and understand this agreement and that I have had the opportunity to have my questions answered.

I, _____ consent to electronic communication with Karen Kruzan, LISW-S.
Client's Name

Client Signature

Date

I, Karen Kruzan, LISW-S certify that I have explained the nature of this agreement to the client. I have fully answered all questions, and I believe the client has a complete understanding of what I have explained.

Provider Signature

Date