



Informed Consent for Telehealth Services

Introduction

Telehealth is a method of delivering health care services using interactive telecommunications while the patient and provider are at two different locations. This form of service is usually a combination of live audio and video through a personal computer or mobile device with a webcam. To protect the confidentiality of patient identification and data, health care professionals must use systems that incorporate network and software security protocols. Standard phone calls and video calls (e.g. FaceTime) do not meet HIPPA standards. Therefore, Abraham Aviles-Scott uses a system called **VSee**.

Benefits

Telehealth allows two-way communication via secure online virtual sessions. You can meet with your provider from a place and time that fits best into your schedule.

- Convenient – receive behavioral health services from your home, office or when traveling.
- Simple – connect with your provider using your private computer or mobile device with a camera and high-speed internet.
- Secure and private – HIPAA-compliant platform.
- Opens access to more patients – such as those who live in rural areas or with mobility issues.

Risks

As with any medical procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may be insufficient or delayed due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

Understandings

By signing this form, I attest that I understand the following with respect to telehealth:

1. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential.
2. I have a right to access my medical information and copies of medical records in accordance with California law.
3. I have the right to withhold or withdraw my consent to use telehealth in the course of my care at any time, without affecting my right to future care or treatment,
4. If my therapist believes I would be better served by another form of services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area.
5. I may benefit from the use of telehealth, but that no results can be guaranteed or assured.
6. I attest that I am located in the state of California and will be present in the state of California during all telehealth encounters.



In Case of Emergency

If you have an emergency, feel suicidal or homicidal please:

1. Call 911
2. Go to the nearest Hospital Emergency Room
 - Contra Costa Regional Medical Center, 2500 Alhambra Ave, Martinez 925-370-5170
 - John Muir Medical Center, 2540 East St, Concord, 925-674-2333
 - John Muir Medical Center, 1601 Ygnacio Valley Rd, Walnut Creek, 925-939-5800
 - Kaiser Permanente, 1425 S Main St, Walnut Creek, 925-295-4000
 - Kaiser Permanente, 4501 Sand Creek Rd, Antioch, 925-813-6500
3. Call Contra Costa Crisis Center
 - Mental or Emotional Services: 1-888-678-7277
 - Suicide or Grief Counseling: 1-800-833-2900
4. Dial 211 or Text HOPE to 20121 to reach a crisis counselor and receive referrals.

Patient Consent to the Use of Telehealth

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

I hereby give my informed consent for Abraham Aviles-Scott to use telehealth in my care.

Name of Patient _____

Signature _____

Date _____