**Telehealth Informed Consent**

Telehealth allows treatment service between the client/patient and provider utilizing interactive audio, video or data communication services. The following information serves to provide a transparent review of telehealth service potential benefits and risks in order to provide a clear and informed consent to receive telehealth services. Please direct any questions or concerns to your provider immediately.

It is important to note that telehealth services do not modify common care practices outlined in the Informed Consent previously on file. Telehealth services fall under the same laws that protect in-person psychotherapy the confidentiality of medical information. The following serves as a brief reminder of previous agreements that remain in place:

* The Oak Bower, LLC does not provide emergency, inpatient, 24/7 contact/consultation, or walk-in services. If you have a MH emergency, you should immediately go to the nearest emergency room or call 911. Suicide hotline services are also available locally (505-277-3013) and nationally (1-800-273-8255).
* Mandated reporting requirements remain in place, to include **Confidentiality/Disclosure Policy Exceptions.** Legal and Ethical Standards require reporting of threats to oneself or others, abuse/neglect of a vulnerable population, or court orders/lawful demands.
* Session content will be documented in a written medical record progress note format. Access to this medical record is available upon request. Records will be disposed of confidentially and in accordance with state and federal law.
* The privacy of patients is protected by the Federal Privacy Act. Your health information may be used or disclosed for treatment, payment, and health care operations. Most other information related to the treatment of patients is not releasable without the written consent of the patient (see Confidentiality section, as well as The Oak Bower’s Privacy Policy for additional information).
* Appointment cancellation, No-Show, and Disengagement Policies remain in place.

In addition to the information summarized above (greater detail provided in the Informed Consent), by signing below you are consenting to your understanding of the following information specific to telehealth services:

* I understand that telehealth services will be provided by appointment only.
* I understand that telehealth services do not differ from traditional in-person services in terms of training. The ability to provide telehealth services does not impact the provider’s educational requirements/attainment, knowledge, credentialing, or qualifications. The Oak Bower, LLC; however, has undergone continuing education specific to telehealth service options and has taken great care to comply with current HIPAA standards and insurance policy requirements to provide telehealth service options.
* I understand that a potential risk associated with telehealth includes the possibility that our therapy session could be disrupted or distorted by technical failures or could be interrupted or accessed by unauthorized persons, confidentiality breaches, despite compliance with HIPAA policy and encryption standards.
* I understand that no recording of the session will be made or kept by The Oak Bower or any contracted third-party video/audio service provider. Visual and/or audio recordings of the sessions will require additional consent from all parties (including the provider).
* I understand that the client and provider will be informed of all parties present during the session. Care will be made to ensure that entry to the rooms (provider and client/patient) will be restricted. Locked doors are recommended. Any disruption from another person entering the room may result in an immediate termination of the session. I understand that I have a role in maintaining privacy on my end of the communication.
* I understand that I may request to change to in-person services at any time. In addition, my provider may suggest in-person services if it is believed that I may be better served by in-person treatment options.
* I understand that I have the right to revoke this consent in writing. However, actions taken by The Oak Bower prior to revocation of the consent are not subject to the revocation.

By signing below, I affirm that I have read the informed consent policy above and voluntarily consent to telehealth with understanding of the limitations of my privacy.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_