



Informed Consent for Telebehavioral Health

Introduction

Telebehavioral Health involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following

- Patient medical records
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to counseling by enabling a patient to remain in his/her remote location while the counselor consults at a distant or other site
- More efficient medical evaluation and management
- Obtaining expertise of a distant counselor

Possible Risks:

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

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the counselor.
- Delays in treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal information.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to Telebehavioral Health, and that no information obtained in the use of Telebehavioral Health which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of Telebehavioral Health in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My counselor has explained the alternatives to my satisfaction.
4. I understand that it is my duty to inform my Counselor of electronic interactions regarding my care that I may have with other healthcare providers.
5. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.



Patient Consent To The Use of Telebehavioral Health

I have read and understand the information provided above regarding Telebehavioral Health, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telebehavioral Health in my medical care.

I hereby authorize Black Mountain Counseling Center to use telemedicine in the course of my diagnosis and treatment.

Signature

Date

Counselor

Date