



Telehealth Consent for Treatment

Client:

Telehealth is the use of video and audio to provide health care services when the provider and the client are not in the same location. Telehealth must have an audio and video component and can not rely solely on a phone call.

- I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Thrive Behavioral Health to provide health care services to me via telehealth.
- I understand that while there are many benefits of telehealth in reducing barriers to treatment, there are potential risks, which include, but are not limited to:
 - It may not be appropriate for the treatment of serious psychiatric illnesses or symptoms.
 - It may not be appropriate for more complex situations.
 - Telehealth can sometime prevent the exchange of important information such as, facial expressions, vocal signals, or body language that may be less evident through telehealth.
 - Sessions may have to be interrupted or discontinued if technology issues interfere with the ability for the service to provided in an clinically appropriate and ethical manner.
 - Telehealth interferes in the ability of clinicians to utilize some interventions, such as those using specific materials or tools.
 - Telehealth may limit the ability of a practitioner to identify a symptom that is not apparent through telehealth.
- I understand that Thrive is permitted can only provide telehealth services as permitted by national, state, and individual insurance company regulations. Telehealth services may not be available as insurance coverage or regulations change. Some insurances do not permit telehealth services.
- I understand that telehealth communications are not recorded or stored.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit. Other limitations of confidentiality as reviewed in Thrive Behavioral Health’s consent to treatment continue to apply.
- I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit.
- I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that during a state of emergency, Thrive may only be providing telehealth services and refusal to consent, may lead to inability for Thrive to provide treatment.
- I may revoke my consent orally or in writing at any time by contacting Thrive Behavioral Health at 410-780-5203. As long as this consent is in force (has not been revoked), Thrive Behavioral Health may provide health care services to me via telehealth without the need for me to sign another consent form.

Client/Legal Guardian Signature

Date

I attest that client/legal guardian provided verbal consent to all points noted above.

Staff Signature

Date