

INFORMED CONSENT FOR TELEHEALTH SERVICES

Definition of Telehealth: Telehealth involves the use of electronic communications to enable Strength for the Journey, LLC (SFTJ) clinicians to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. A copy of our Privacy Policies and Informed Consent for Psychotherapy can be provided.
2. 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.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. SFTJ utilizes secure, encrypted HIPAA compliant audio/video transmission software to deliver telehealth as well as electronic health record platforms. During the COVID-19 pandemic, some payers are allowing the use of telephone-only sessions if other secure platforms are inaccessible. I understand that telephone-only sessions do not allow the same level of security as secure, encrypted HIPAA-compliant audio/video transmission software, but every effort to protect my privacy will be employed and I accept the risks thereof.
4. SFTJ clinicians follow the State of Maryland COMAR Regulations for Teletherapy: 10.42.10 as well as their respective board regulations (BOPC/ACA or BSWE/NASW) and ethics. They have also received training to provide telehealth services.
5. **I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.**

Payment for Telehealth Services:

Strength for the Journey, LLC will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you with a statement of service to submit to your insurance company.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. I hereby state that I have read, understood, and agree to the terms of this document.