



Patient Name: _____

Date of Birth: _____

Date Consent Discussed: _____

TELEHEALTH SERVICES PATIENT INFORMATION AND CONSENT FORM

Telehealth is the use of digital technologies to deliver medical and psychological care, health education, and public health services by connecting multiple users in separate locations using interactive audio and visual electronic systems. Electronically-transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- Patient medical records
- Interactive audio, video, and/or data communications
- Output data from medical devices and sound and video files.

My clinician will be using the format of _____ (audio, video, or other electronic communications) to conduct our sessions.

Benefits of Telehealth

Telehealth provides valuable tools that can improve health outcomes and access to care, and make health care delivery systems more efficient and cost-effective. Telehealth can deliver important mental health and medical occupational therapy (OT) services where and when they are needed most, remove barriers of time, distance, and provider scarcities or limitations.

Potential Risks of Telehealth

I understand there are risks inherent in the electronic transmission of information by digital means. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g. poor resolution of images, video, or audio) to allow for appropriate psychological or medical decision making by the psychologist or therapist.
- Integrative Psyche clinicians or occupational therapists may not be able to provide psychological or medical treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
- Delays in psychological or occupational therapy evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my confidential psychological or OT treatment information.
- A lack of access to all the information that might be available in a face-to-face visit, but not in a telehealth session that may result in errors psychological or medical judgement.
- Telephonic sessions are not encrypted or secured. Information cannot be guaranteed to be protected.

Alternatives To The Use Of Telehealth

Traditional face-to-face sessions with a provider.

My Rights

- I understand that the laws that protect the privacy and confidentiality of psychological and medical information also apply to telehealth.
- I have the right to withhold or withdraw my consent to the use of telehealth during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment. In the event I no longer wish to use telehealth services from **Integrative Psyche, LLC**, I may revoke this authorization by providing a written request to Integrative Psyche, LLC, Attn: Dr. Nicole Klepp, at 10150 W. National Avenue, Suite 390, Milwaukee, WI 53227, or fax to 414-545-4454.
- I understand that my Integrative Psyche, LLC clinician or therapist has the right to withhold or withdraw consent for the use of telehealth during the course of my care at any time.
- I understand that all the rules and regulations which apply to the practice of psychotherapy and occupational therapy in the state of Wisconsin also apply to telehealth.
- I understand that my Integrative Psyche, LLC clinician or therapist will not record any of our telehealth sessions without my prior written consent.
- I understand that my Integrative Psyche, LLC clinician or therapist will inform me if any other person can hear or see any part of our session before the session begins.
- I understand all existing confidentiality protections apply.

My Responsibilities

- I will not record any telehealth sessions without prior written consent from my Integrative Psyche, LLC clinician or therapist.
- I will inform my Integrative Psyche, LLC clinician or therapist if any other person can hear or see any part of our session before the session begins.
- I understand that third-parties may be required to join in the meeting with my provider and me to provide technical support. I understand that I may be asked to interact with the technical support person on camera in order to fix the problem. I understand that if I decline this request and my equipment is rendered unusable for video conferencing, I may forfeit my option to use telehealth.
- I understand that I, not my Integrative Psyche, LLC clinician or therapist, am responsible for the configuration of equipment on my computer which is used for telehealth. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I may need to contact a designated third party for technical support to determine my equipment's readiness for telehealth prior to beginning telehealth sessions with my Provider.
- I understand that I am responsible for the cost of equipment, internet applications and other costs associated with my end of the telehealth conference. My therapist is responsible for the cost of their equipment, internet, application and other costs associated with being a telehealth provider.

Patient Consent To The Use of Telehealth

- I have read and understand the information provided above regarding telehealth, have discussed it with my clinician and/or therapist, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth for my/my child’s psychological or occupational therapy care and authorize my clinician or therapist to use telehealth in the course of my diagnosis and treatment.

Printed Name of Client _____

Signature of Client: _____

Date: _____

(Required for all patients age 14 and older)

Printed Name of parent/Guardian/Legal Representative (if applicable): _____

Signature of Parent/Guardian/Legal Representative (if applicable): _____

Relationship to Client: _____

Date: _____

Witness Signature: _____

Date: _____