



# Community Treatment Services Informed Consent - Telehealth

Client Name:	Phone Number:
Register Number:	Date of Birth:

This is to notify you that you have been referred to participate by **telehealth** in the following assessment and/or treatment while residing at a Residential Reentry Center, on home confinement, or on Federal Location Monitoring:

☐ Mental Health      ☐ Substance Use Disorder      ☐ MAT      ☐ Sex Offender

## **TELEHEALTH INFORMATION - EXPECTED BENEFITS, POSSIBLE RISKS, & ALTERNATIVES**

Telehealth involves the use of real-time, audio and visual interactive telecommunications to participate in an assessment and/or treatment sessions with your provider from any place, such as the RRC, your home or other private location. During sessions, it is important to be in a private, quiet space, and to use a secure network connection. Telehealth sessions are confidential and will not be recorded.

The potential benefits of telehealth include improved access to treatment, while remaining at your location; access to providers that may not be available in your geographic area; greater consistency in scheduling; and minimized exposure to infectious diseases.

Possible risks include, but may not be limited to, reduced ability to perform certain aspects of an evaluation; technical problems or failures interrupting or delaying treatment sessions; insufficient information to allow for an appropriate treatment decision; failure of security protections resulting in a breach of protected health information; or an in-person office session may still be required.

Initial the appropriate box below:


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I hereby consent to a telehealth assessment and/or treatment and:

1. understand I have the right to discontinue telehealth sessions at any time, if I feel in-person sessions would be more beneficial to me; and
2. due to certain circumstances, my provider may determine that telehealth is no longer appropriate and resume in-person treatment sessions; and
3. I may be required to participate in periodic in-person visits, such as for controlled substance prescriptions.

☐

I refuse a telehealth assessment and/or treatment.

Client Signature*: <b>Client gave verbal consent through telehealth</b>	Today's Date:
Contract Staff Witness Signature**: 	Contract Staff Witness Printed Name: <b>Lauren Herraiz</b>

\*Clients can give consent verbally at the beginning of first telehealth visit, to be followed by a written consent. Method of consent must be documented in client's record.

\*\* Contract staff signature certifies this client is competent to give informed consent for community-based telehealth treatment.

cc: Community Treatment Services Office