

TELEHEALTH INFORMED CONSENT

Telehealth involves the use of electronic communications to enable Susan Morrow, MSW, LCSW to connect with individuals, couples, families, and groups using live interactive video and audio communications. Telehealth includes the practice of behavioral health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

- 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 Susan Morrow, MSW, LCSW to provide health care services to me via telehealth.
- I understand that while there are many benefits of telehealth in reducing barriers to treatment and ensuring continuity of care during a health epidemic, there are potential risks, which include, but are not limited to:
- There is potential for other people to overhear sessions thus it is important for you to make sure you find a private place for our session where you will not be interrupted. I utilize a video call platform, Zoom meetings, that is HIPAA compliant in which all data is encrypted, your sessions are anonymous, and none of your information is recorded or stored. An exception to this will be in the instance that I request professional peer consultation/supervision for assistance with a specific case. In this case the intention is to improve our counseling process, and only with your permission.
- Crisis/Emergency Situations: If you are in an emergency, in which you are at risk to harm yourself or another person you should immediately call 911, a suicide hotline, or seek help from a hospital or crisis-oriented health care facility. During the covid-19 crisis, I am most easily available by email for urgent matters. For true medical emergency matters, please use one of the resources above.
- Telehealth can reduce the exchange of nonverbal communication such as: facial expressions, vocal signals, as well as body language that may be less evident through telehealth and may limit the ability of a clinician to identify symptoms that are not apparent through telehealth.
- Sessions may have to be interrupted or discontinued if technology issues interfere with the ability for the service to be provided in a clinically appropriate and ethical manner. If the session is interrupted and you are disconnected from the session, If we cannot connect through that means, I will call you by phone on the number on file. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.
- The provision of telehealth services has evolving national, state, and individual insurance company regulations.
- The laws that protect privacy and the confidentiality of medical information also apply to telehealth. If you file for insurance reimbursement, your insurance carrier can request access to your medical records for quality review/audit. Other limitations of confidentiality, as reviewed in Susan Morrow, MSW, LCSW's consent to treatment, continue to apply.
- Telehealth services may not be available as insurance coverage or regulations change in the future, but currently most insurance companies are covering telehealth services in the immediate future due to the Coronavirus. Some insurances do not permit telehealth services. Please contact your insurance company to verify coverage.
- I understand that I have the right to withhold or revoke/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, Susan Morrow, MSW, LCSW may only be providing telehealth services, and refusal to consent may lead to inability for Susan Morrow, MSW, LCSW to provide treatment.

- As long as this consent is in force (has not been revoked), Susan Morrow, MSW, LCSW may provide health care services to me via telehealth without the need for me to sign another consent form.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth.

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

Client/Legal Guardian Signature

Date

Susan Morrow, MSW, LCSW

Date