

Advocate Family Care Network Telehealth Informed Consent---Supplement to AFCN Treatment Agreement & Financial Policies

TELEHEALTH AGREEMENT- This document is a supplement to the Advocate Family Care Network (AFCN) Treatment Agreement & Financial Policies document. By signing this document, you consent to engage in telehealth, defined as internet-based or phone-based therapy with your psychotherapist/counselor at Advocate Family Care Network (AFCN) for counseling and psychotherapy treatment.

1. Telehealth includes the practice of health care delivery, including mental health care delivery, evaluation, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. Telehealth may involve the communication of medical/mental health information, both orally and visually, to other health care practitioners.
2. You have the right to withdraw consent to telehealth services at any time without affecting your right to future care or treatment.
3. Please understand that you may benefit from telehealth, but results cannot be guaranteed or assured. In addition, telehealth services and care may not yield the same results nor be as complete as face-to-face service. The benefits of telehealth may include but are not limited to finding a greater ability to express thoughts and emotions and transportation/travel difficulties are avoided.
4. The psychotherapist will review how to access the teletherapy session and a back-up communication plan, should there be technical difficulties during session.
5. The psychotherapist will create a safety plan with each client to include a release of information for one emergency contact. Clients, along with the psychotherapist, will also identify the closest emergency room to the client’s location, in the event of a crisis situation.
6. Clients should be aware if the psychotherapist determines the client would be better serviced by another provider or psychotherapy service (e.g., face-to-face service), the client will be referred to an appropriate provider.
7. Finally, clients should be aware that there are potential risks and benefits associated with any form of psychotherapy, and that despite the client’s or psychotherapist’s efforts, a client’s issues or condition may not improve and, in some cases, may worsen.

FINANCIAL AND CANCELLATION POLICIES

1. Clients are encouraged to confirm with their insurance carrier that telehealth sessions are authorized; if they are not authorized, the client is responsible for full payment.
2. Client signature below acts as a consent for AFCN to bill your identified insurance provider for telehealth services as appropriate.
3. For additional information on financial policies, please refer to the AFCN Treatment Agreement & Financial Policies document.
4. Cancellation policies and procedures for notifying the psychotherapist of a cancelled session or need to reschedule can be found in the AFCN Treatment Agreement & Financial Policies document.

CONFIDENTIALITY

1. The laws that protect the confidentiality of my medical and psychological information also apply to telehealth services.
2. Clients who engage in teletherapy services are required to engage in session from a private space and utilize a secured internet connection and not unsecured, or public/free Wi-Fi for video conferencing to ensure privacy.
3. The dissemination of any personally identifiable images or information related to telehealth interaction to other entities shall not occur without client consent. Furthermore, telehealth sessions may not be recorded without the permission of all individuals.
4. There are risks and consequences from telehealth that may differ from in-person therapy services. Despite reasonable efforts on the part of AFCN, these may include, but are not limited to: the transmission of information could be disrupted or distorted by technical failures; the transmission of information could be interrupted by unauthorized persons; the electronic storage of information could be accessed by unauthorized persons.
5. For administrative purposes, email messages may be used as a form of communication with clients, with client permission. Psychotherapists make reasonable attempts to protect these communications, such as utilizing an encrypted email protocol; however, there may be a chance that your communications are breached due to the nature of technology as outlined above.
6. The limits to confidentiality that exist in face-to-face psychotherapy are also present in teletherapy services. Details of these exceptions are outlined in the AFCN Treatment Agreement & Financial Policies Document.
7. For information related to release of medical records or AFCN’s privacy practices, please refer to Advocate Health Care’s Notice of Privacy Practices.

Your signature below acknowledges that you have read, understand, and agree to the information provided and agree to telehealth services. Your signature also indicates that you acknowledge that the AFCN Telehealth Informed Consent is a supplemental document to the AFCN Treatment Agreement & Financial Policies document, and you will refer to said document for additional details as outlined above.

I Have Read, Understand, and Agree to the Provisions of Advocate Family Care Network’s Telehealth Informed Consent

Print Name of Patient

Signature of Patient- 12 yrs. & older

Print Name of Parent/Legal Guardian (for minors)

Signature of Parent/Legal Guardian (for minors)

Print Name of Additional Patient (for family sessions)

Signature of Additional Patient (for family sessions)

Date

Signature of Non-Residential Parent/Guardian (for minors)