

BLUE VALLEY BEHAVIORAL HEALTH Telehealth Patient Consent Form

Client Name:

Client Case #:

I agree to receive my outpatient behavioral health services through Telehealth. I understand that the behavioral health care provider is located in an alternate approved location.

A telehealth service means that your visit with a practitioner at the distant site will happen by using special audiovisual equipment. Blue Valley Behavioral Health's (BVBH) telehealth service uses a secure web based system for transmitting audio and video data, called *Secure Telehealth*. To ensure privacy, the data is encrypted at the highest level available for telehealth and is HIPAA Compliant. This type of telehealth (Secure Telehealth) will be provided at all of BVBH's offices and other approved locations.

However, during this COVID-19 National Emergency, the BVBH telehealth service may be provided via a temporary alternative telehealth service. This service is called Zoom and although it may not carry the level of security associated with BVBH's Secure Telehealth (provided in the BVBH office) it is considered compliant by the Office of Civil Rights (OCR) at the Department of Health and Human Services.

This consent is valid for one year for follow-up telehealth services with the health care provider.

I understand that:

- I can decline the telehealth service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in-person if I decline the telehealth service.
- The same confidentiality protections that apply to my other behavioral health care also apply to the telehealth service.
- I will have access to all behavioral health treatment information resulting from the telehealth service as provided by law and according to the existing BVBH confidentiality policies.
- The information from the telehealth service cannot be released to anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my telehealth service.
- I may exclude anyone from any site during my telehealth service.
- I may see an appropriately trained staff in-person immediately after the telehealth service if an urgent need arises OR I will be told ahead of time that this is not available.
- If I decline the telehealth services, the other option/alternative available is in-person services.

When Telehealth is being received *outside* of the BVBH office (i.e. client's house) and the COVID-19 approved temporary alternative telehealth is used (Zoom), I also understand that:

- I agree that I will be in a private secure location at my house or approved location when I'm involved with this telehealth service.

- I agree that only myself will be participating in this telehealth service and will inform the BVBH counselor on the other telehealth location if anyone else is participating on my site.
- I agree that I will only use the identified telehealth site specifically with BVBH and will not contact the BVBH staff (call, text, video) using this platform and will only use it for scheduled telehealth appointments.
- I understand that BVBH will not respond to any communication from my telehealth site outside of the scheduled telehealth appointment.
- I agree that I am able to participate in this telehealth service under normal circumstances and will discontinue this service voluntarily.
- I agree that I do not hold BVBH responsible for the confidentiality, transmission or service quality of the telehealth service.
- I agree that I will discontinue the use of the Zoom telehealth service when directed by BVBH staff and will not discontinue it unless it has been agreed upon by the BVBH staff.

Please check one or both options

- I agree to use BVBH's Secure Telehealth service (in-office)
- I agree to use the approved temporary alternative telehealth service (Zoom) at my home or other approved location if agreed upon by the treating BVBH provider during the declared COVID-19 National Emergency

By signing below, I acknowledge that I have read this document carefully, agree with and understand its contents and my questions have been answered to my satisfaction.

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____