



CONSENT TO USE TELETHERAPY OR TELEPHONE SESSIONS

There are many types of telehealth platforms.

Your clinician _____ will be using the platform(s) and/or format of:
(Clinician name)

(Platform/format name)

This is _____ / _____ is not a HIPAA compliant format.

_____ There are concerns about telehealth platforms. The primary concerns of telehealth sessions are confidentiality and privacy, HIPAA compliance, dropped calls, and other potential interruption(s) of communication due to technology issues. At the present time, there is no definitive evidence that telehealth meets HIPAA security requirements and BAA (Business Associate Agreement) is required. Although most telehealth programs are HIPAA compliant, using these platforms is a risk due to security breaches and this release informs you of that risk as well as releases TCTI from any associated liability.

_____ The HITECH Act of 2011 added more ways to enforce HIPPA and added more regulations and penalties. These new regulations have added importance to the BAA. Several experts have cited HITECH Act to raise a concern that teletherapy programs don't always provide a protocol for trail audits or breach notification. Trail audits are a means of logging information to keep records. Breach notification relates to whenever data was accessed by unauthorized people or even an attempt to gain access to the session. Interactive technology platforms are supposed to notify the government when a breach or breach attempt occurs. However, not all platforms have or use the mechanism.

_____ During a telehealth session, both locations (client and clinician) are considered a treatment room. Both parties need appropriate audio and visual equipment and privacy. Both parties will take precaution to maintain privacy and permission is required for either party to record the session. All HIPPA requirements apply to the session except when client consent (such as this consent) has been granted for a possible confidentiality breach or HIPPA violation.

My initials above and signature below indicate that I have read the above description regarding the use of teletherapy. After reading the above, I agree to receive telehealth counseling and I understand the risks associated. I give my informed consent for the use of telehealth and I take FULL responsibility in the event of a breach of confidentiality or other telehealth-related concerns. I fully release TCTI from any liability associated with the clinician's use of teletherapy.

Client Name (Printed): _____

Client Signature: _____

Date _____

Clinician Signature _____

Date _____