

## CONSENT FOR TELEHEALTH PSYCHOTHERAPY SERVICES

Client, by their signature below, hereby consents to receive psychological services via Telehealth from Fusion Care Group, a Psychological Professional Services Corporation (“*Fusion Care*”). This consent is intended to supplement the Consent to Psychological Services previously signed by Client.

**Definition of Telehealth.** Telehealth refers to the delivery of healthcare services including psychological evaluation, diagnosis, consultation, treatment, and education, and the exchange of medical and mental health data and other protected health information (collectively “**PHI**”) using secure, interactive audio, video and electronic data communication. Telehealth may also include the communication of PHI orally and visually to other health care practitioners, subject to appropriate authorizations, located in or outside the state of California.

**Benefits Associated with Telehealth.** Telehealth may be beneficial to some clients in making psychotherapy and psychiatry services more accessible by allowing clients to participate from their home or location of their choice, thus increasing flexibility and decreasing travel time.

**Risks Associated with Telehealth.** However, there are risks with Telehealth. For example, despite reasonable efforts on the part of *Fusion Care*, the transmission of personal information can potentially be disrupted or distorted by technical failures or intercepted by unauthorized persons. Electronic storage of personal data can potentially also be accessed by unauthorized persons, or become corrupted, leading to loss of data. Disruptions in the transmission of communications or in accessing electronically stored data could potentially interfere in emergency situations. In conducting psychotherapy via Telehealth, the ability of the psychotherapist and the patient to assess each other’s non-verbal cues, body language and facial expressions may be limited, leading potentially to decreased perception and understanding. Moreover, Psychotherapist cannot control the confidentiality of Client’s remote location which puts a greater burden on Client to assess and protect the privacy of their own environment, especially when participating from home. Interruptions from others, background noise from radios and TVs, and pets should be considered. Telehealth may also alter the Client’s perception of psychotherapy as healthcare, leading to confusion of appropriate boundaries, and professional roles.

**Right to Terminate and Refer; Emergencies.** For some individuals, Telehealth may not be the most effective form of treatment and may not have the same results as individual face to face therapy. If at any time, Psychotherapist believes that Client would be better served by another form of treatment (e.g., face-to-face services), he or she may inform Client of that determination, and may suspend or terminate Telehealth. Client may be directed to attend in-person sessions or if indicated, may be referred to another mental health professional. Mental health emergencies and crises are inappropriate for Telehealth. If you are in crisis or having a mental health emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in your immediate area.

Client has the right to withhold or withdraw consent to the use of Telehealth at any time, including during a Telehealth session, without affecting Client’s right to future care or treatment.

**Confidentiality; Right to Access Records.** The state and federal laws that protect the confidentiality of Client’s PHI also apply to Telehealth, including any electronically stored images, subject to the exceptions discussed in Psychotherapist’s general consent or services agreement. Exceptions which may require Psychotherapist to break confidentiality include circumstances causing Psychotherapist to reasonably suspect child, elder, or dependent adult abuse, or believe that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of another person, or believe that a client is dangerous to him or herself. All existing laws regarding a patient’s access to and right to copy his or her medical information also apply to Telehealth. Dissemination of any patient identifiable images or information from the Telehealth interaction to researchers or other entities shall not occur without Client’s consent.

**Insurance.** Client understands that if they are choosing to have insurance pay for treatment, Telehealth services may or may not be a covered benefit of Client's insurance or may be reimbursed at a different rate than in-person services. Client shall determine the extent of Client's Telehealth insurance benefits and be responsible for the payment of all Telehealth sessions which are not covered by Client's insurance.

**Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding Telehealth. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of Telehealth and have had my questions regarding the procedure explained. By executing this document, I hereby give my informed consent to participate in the use of Telehealth for treatment under the terms described herein. **If signing this Consent using electronic technology, I agree that my electronic signature will have the same force and effect as my written signature as if set forth fully below.**

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_