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**ELISA A. GOTTHEIL PH.D. PSY#22753**

Contact information: [info@pathylog.com](mailto:info@pathylog.com) – 805-319-9917

## TELEHEALTH SERVICES INFORMED CONSENT

As a client receiving behavioral services through telehealth methods, I understand: telehealth is the delivery of behavioral health services using interactive technologies (audio, video or other electronic communications) between a provider and a client that are not in the same physical location. The interactive technologies used in telehealth incorporate network and software security protocols to protect the confidentiality of patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

1. This service is provided by technology (included but not limited to video, phone, text and email) and may involve direct face to face communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided. The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery. During your virtual care consultation, details of your medical history and personal health information may be discussed with you or your behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.

2. If a need for direct, face to face services arises, it is my responsibility to contact practitioners in my area such as through the ACCESS LINE 1-888-868-1649, or calling SB.

Behavioral Wellnes\_805-681-5190, or to contact my behavioral health practitioner's office for a face to face appointment or my primary care provider if my behavioral health practitioner is unavailable. I understand that an opening may not be immediately available in either office.

3. I may decline any telehealth services at any time without jeopardizing my access to future care, services or benefits.

4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

5. In emergencies, in the event of disruption of services, or for routine or administrative reasons, it may be necessary to communicate by other means:

a. In emergency situations: please contact 911 or go to Cottage Hospital or Urgent Care/Sansum clinic.

b. Service disruption: please call me at 805-319-9970

c. For other communication: please email me at [info@pathylog.com](mailto:info@pathylog.com)

I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person; I am not to seek a telehealth consultation. Instead I agree to seek care immediately through my own local health care practitioner or at the nearest hospital emergency department or by calling 911.

I have received a copy of my practitioner's contact information, including his/her name, telephone number, business address, mailing address, and email address (if applicable). I have also been provided with a list of local support services in case of an emergency. I am aware that my practitioner may contact the proper authorities and/or my designated local contact person in case of an emergency.

6. My practitioner may utilize alternative means of communication in the following circumstances: video connections fail or phone line access is disrupted.

7. My practitioner will respond to communications and routine messages within 48 hours on business days or on the next business day following weekends, holidays, or vacations.

8. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

9. I will take the following precautions to ensure that my communications are directed only to my behavioral health practitioner or other designated individuals: Double check email addresses; double check phone numbers; double check to whom email is sent (reply vs reply all).

10. My communication with my behavioral health practitioner will be stored in the following manner: In compliance with HIPAA regulations in secured file cabinets and/or secured electronic medical record files.

11. The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

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Client Printed Name

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Signature of Client

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Practitioner Name and Signature