

SUMMIT CLINICAL SERVICES
Telehealth Consent Form for Phone or Videoconferencing Sessions During COVID-19

By signing this form, you are consenting to mental health services via telehealth and that you are aware of issues that might arise, as listed below. If you have any questions, please speak with your provider about them.

1. Potential Confidentiality issues:
 - a. No telehealth session is done over text or email. You and your provider will discuss the best method of communication for your sessions.
 - b. If you have Siri, Google Now, Alexa or any other digital assistant app on your phone, be sure they are off before your session, and unplug any smart speakers in the room before your session. If they are on, be aware that they are always listening.
 - c. No method of technological communication can be completely confidential. With any technology, there is always a small risk of hacking and therefore loss of confidentiality. However, be assured that your mental health provider has made every effort to keep secure the technology they are using during your sessions.
 - d. Your mental health provider will not record your sessions, and you agree not to either.
 - e. You agree to maintain confidentiality on your end of the session by using secure WiFi (not public) and having updated virus protection on any device used.
 - f. At the time of your phone or videoconferencing session, please be in a quiet place where you will not be distracted or interrupted, and your session will not be overheard.
 - g. With any technology, there is always the risk of being inadvertently disconnected. If the call or video session is disrupted at any time, your provider will call you back. If the calling technology appears to be dysfunctional, your provider will contact you about another time to call.
 - h. As with any mental health session, you are ultimately responsible for payment. It is suggested that you check your health insurance policy to see whether phone or videoconferencing telehealth sessions are covered.
2. If you are having an urgent concern, call your provider. Do not use the video platform.

I have read and understand the above information, and I consent to using phone or videoconferencing for telehealth. I understand that I can withdraw my consent to phone or video sessions at any time.

Patient Printed Name

Date of Birth

Patient Signature (age 12 and older)

Date

Parent/Legal Guardian Signature
(for patient under 18 years of age)

Date