

Kavalier & Associates, P.C.

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## **Informed Consent for Telehealth Services**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **PURPOSE**

The purpose of this form is to obtain your consent to participate in telehealth services. Kavalier & Associates believes that best practice consists of in-person mental health services. However, to prevent the spread of COVID-19 and to maximize the safety of our patients and staff, we are temporarily offering telehealth services. When the current public health recommendations regarding social distancing are lifted, we will discontinue the use of telehealth services.

### **DEFINITION OF TELEHEALTH**

Telehealth involves the use of electronic communications to enable health care providers to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of mental healthcare delivery, diagnosis, consultation, treatment, referral to resources, education and the transfer of medical and clinical data.

### **BENEFITS & LIMITATIONS**

Telehealth can allow continued access to services while complying with current social distancing recommendations. However, these services are not appropriate for all clients. Kavalier and Associates cannot provide telehealth services to clients outside the state of Iowa.

### **RISKS & CONSEQUENCES**

There are potential risks and consequences with telehealth despite reasonable and appropriate efforts to mitigate these. These include, but are not limited to, the possibility that the transmission of your personal information could be disrupted or distorted by technical failures and the transmission of your personal information could be interrupted by unauthorized persons. To mitigate risks, Kavalier & Associates utilizes secure, encrypted HIPAA compliant audio/video transmission to deliver telehealth through the web platform doxy.me.

### **MEDICAL INFORMATION & RECORDS**

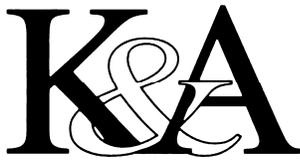
The laws that protect the confidentiality of your medical information and the access to your medical records also apply to telehealth services.

### **CONFIDENTIALITY**

Kavalier and Associates follows security best practices and legal standards in order to mitigate confidentiality risks associated with the use of telehealth services.

### **RECORDINGS**

Telehealth services will not be recorded without prior permission. Kavalier & Associates requests that clients do not record video or audio sessions without the prior permission of their provider, as doing so can lead to a breach of confidentiality.



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## RIGHTS & RESPONSIBILITIES

- I understand that in order to take part in telehealth services, I will need to have a strong and secure internet connection and access to either a smart phone or a computer with a webcam.
- I understand that I have the responsibility to participate in maintaining my own security and privacy including a responsibility to secure a private and safe setting from which to participate in telehealth services.
- I understand that it will be up to my healthcare provider to determine the appropriateness of using telehealth services with me.
- I understand that I can withhold or withdraw my consent to the use of telehealth during my care at any time, without affecting my right to future care. My provider also has the right to cease telehealth services and offer alternative care if they determine it is no longer appropriate.
- I understand that it is my responsibility to work with my provider(s) to create or update a safety plan at the outset of telehealth services, which includes identifying an emergency contact individual. I understand that telehealth services are considered outpatient services and are not intended as a substitute for emergency or crisis services. If I am in crisis, I understand I should immediately call 9-1-1, seek help from a hospital or crisis-oriented health care facility in my immediate area.
- I understand it is my responsibility to notify my provider if I will be out of state at the time of an appointment as Kavalier and Associates can only provide telehealth services to clients who are within the state of Iowa.
- In the case of technology failure, I understand it is my responsibility to contact Kavalier and Associates via phone to discuss alternative means of completing the service.
- All patient responsible fees are due at time of service. I understand it is my responsibility to call and provide payment prior to the time of my appointment.
- I understand I may be charged a fee of \$75.00 if I am unable to be reached for a scheduled appointment or if I cancel a scheduled appointment less than 24 business hours before the appointment time.

I have read and understand the information provided above regarding telehealth. I understand the risks and benefits related to the use of telehealth services and have had my questions answered. I hereby give my informed consent to participate in the use of telehealth services for treatment.

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Signature of Patient or Guardian if under 18

Date