



## Telehealth Consent Form

**1. Telehealth (not “Telemedicine” as defined by Minnesota law).** Telehealth simply means it includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of protected health information, and education using synchronous or asynchronous audio, video, or data communications which may be insecure. I understand that my health care provider, IntegroRecovery Clinic, may engage with me via a telehealth platform. This means that I and my health care provider or a designee will, through an interactive video connection, be able to consult with a designated healthcare practitioner about my condition.

**2. Identity Verification.** You may be expected to provide a copy of your driver's license and other identity verifying documentation requested by the healthcare practitioner before any health services are provided.

**3. Privacy and Security of Communications - Limited.** All electronic communications between you and the healthcare practitioner will be transmitted using reasonable measures to ensure confidentiality, but may be insecure. You will be responsible to secure and protect the functionality, integrity, and privacy of your hardware, files, and communication. You explicitly waive confidentiality if there is another individual at your distant site you are using telehealth at.

**4. Risks Associated With Distance Therapy/Telehealth.** There are privacy and security risks and consequences associated with telehealth despite the policies and procedures in place to guard against them. The risks and consequences include, but are not limited to, interrupted or distorted transmission of data or information due to technical failures and access or interception of your protected health information by unauthorized persons.

By signing this information and consent form below, you acknowledge the limitations inherent in ensuring client confidentiality of information transmitted in telehealth and agree to waive your privilege of confidentiality with respect to any confidential information that may be accessed by an unauthorized third party despite the reasonable efforts of IntegroRecovery Clinic to arrange a secure line of communication.

Telehealth services and care may not be as effective as face-to-face services. Integro Recovery Clinic will continually assess the appropriateness of telehealth for you. If Integro Recovery Clinic determines that you would be better served by receiving



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different services, such as face-to-face services, recommendations for treatment and treatment providers or facilities will be provided to you.

My health care provider has explained to me how the video conferencing technology will be used. I understand that this consultation will not be the same as a face-to-face visit since I will not be in the same room as the healthcare practitioner, and that some parts of a visit may be conducted by individuals present with me at the direction of the healthcare practitioner. I also understand individuals may be present at either location to operate the audio/video equipment and that these individuals must maintain the confidentiality of health information disclosed, or if they join you at your discretion, then confidentiality may be waived. I understand there are possible risks of an incomplete or ineffective consultation because of the technology, and that if any of the risks occur, the consultation may terminate.

The risks may include:

- a. Failure, interruption or disconnection of the audio/video connection;
- b. A picture that is not clear enough to meet the needs of the consultation;
- c. A minor risk of access to the consultation through the interactive connection by electronic tampering.

I understand that in place of this telehealth session I may seek face-to-face consultation with a health care provider. I understand that I will not receive any royalties or other compensation for taking part in this telehealth session or for the authorized use of any consultation images or audio. I release Integro Recovery Clinic, its employees, agents and assigns from any and all liability which may arise from this telehealth consultation, the use of interactive audio/visual connections, or from the taking or authorized use of any images or audio obtained.

**5. Communication Interruptions.** If you are unable to connect with the telehealth platform or are disconnected during a session due to a technological breakdown, please try to reconnect within 5 minutes. Alternately, you agree that your provider may contact you at the number on file to determine next steps for completing the visit.

**6. E-Mail and Text Messages.** The undersigned healthcare practitioner may use and respond to e-mail and text messages to arrange or modify appointments or to communicate with you outside of appointments. Please note that e-mails or text messages related to your treatment are considered electronic communications as related to your care and are retained in the logs of your service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the service providers. You should know that any e-mails or any communications sent via electronic communications, including email, text



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messages, Facebook, online and specifically the Integro Recovery Clinic website are not secure. By signing below, you assume the risks of the insecure transmission.

**7. Audio and Video Recordings.** You acknowledge and, by signing this information and consent form below, agree that neither you nor your healthcare practitioner will record any part of your sessions unless you and IntegroRecovery Clinic mutually agree in writing that the health session may be recorded. You further acknowledge that IntegroRecovery Clinic objects to you recording any portion of your sessions without the company's written consent. You expressly agree that audio and video recordings used for security or legal and documentation purposes are not part of your health records, and are therefore not protected by confidentiality or any other provisions under this agreement.

**8. Consent to Treatment Using Telehealth and Distance Health Services.** I, voluntarily, agree to receive synchronous (or asynchronous) assessment, care, treatment, and services through the use of email and texts and authorize Integro Recovery Clinic to provide such care, treatment, or services as are considered necessary and advisable. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.