



115 Pershing Road  
Columbia, MO 65203-2145  
Phone 260.225.3872 Fax 573.474.5683  
[www.ABLEWellnessCenter.com](http://www.ABLEWellnessCenter.com)

**Telehealth Informed Consent:** Telehealth is a service that uses technology to provide mental health services from a distance without having to meet in-person at an office. Telehealth services can be provided to clients at their current location during services in which the provider is legally authorized or in areas in which there are no regulation for services. Clients have a responsibility to disclose location and verify identity at the time of service. Clients have the right to withdraw consent at any time. Clients may benefit from telehealth but just with any other professional service, results cannot be guaranteed or assured.

**Expected Benefits:**

1. Improved access to services and reduction of barriers by enabling clients to remain at a remote site while the mental health professional provides care elsewhere.
2. More efficient coordination and management of services.
3. Obtaining the expertise of a distant specialist not available locally.

**Possible Risks:** Although rare, there are potential risks associated with the use of telehealth. These risks may include, but not be limited to:

1. Information transmitted may be disrupted, distorted, or otherwise not sufficient (e.g. poor resolution).
2. Delays in services could occur due to technical deficiencies or failures.
3. The transmission of client's protected health information could be interrupted by unauthorized persons; and/or the electronic storage of protected health information could be accessed by unauthorized persons.
4. Services and care may not be as complete as face-to-face services.
5. Cultural and/or language differences may affect delivery of services.

**Technology:** The technology used has been selected on the basis of security and reliability, but understand that no technological application is completely secure or reliable. Clients should take steps to protect protected health information and ask the provider for guidance with any difficulties or for security questions. Clients may need to download a specific application and/or software to use telehealth aside from phone calls. Clients will need a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for telehealth services. In case of technology failure, contact the provider via phone to coordinate alternative methods for services.

**Financial Obligations:** Fees associated with telehealth appointments are payable by credit or debit card only. Clients agree to have credit/debit card information on file. The card will be billed the same day as the scheduled telehealth appointment. If the card is declined, the provider will cancel the appointment and bill in accordance with the cancellation policy. No-shows or cancellations less than 48 hours will automatically be charged \$25 to the card on file. Please refer to "Financial Policy" for additional information.

**Clients using insurance:** Clients are responsible for contacting the insurance company, if applicable, to determine what out-of-pockets costs may be. It is possible that the insurance plan does not reimburse for telehealth services with the provider. In which case, clients are responsible for the full amount.

**Confidentiality:** The laws that protect the confidentiality of protected health information also apply to telehealth. As such, information disclosed by clients during the course of services is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality. Please refer to "Notice of Policies and Practices for Privacy of Protected Health Information" for more information on confidentiality. Clients are responsible to ensure confidentiality at their location including avoiding sessions in a public area.



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**Scheduling:** Scheduling with the provider is based on the provider’s normal office hours. When contacting the provider, the response time should be within 24 business hours. If you have not received a response within 24 hours, please contact the provider again. Sessions will be scheduled in the provider’s time zone so take in account any time zone differences with your provider.

**Necessity of In-Person Services:** If it becomes clear that the telehealth modality is insufficient then other modalities including in-person services with the current provider or a local provider will be discussed. Telehealth appointments are considered outpatient services and not intended as a substitute for emergency or crisis services.

**Safety:** Clients agree not to receive services during times in which attention is needed elsewhere such as when driving a vehicle. Crisis or mental health emergencies should be directed to the local crisis line or by dialing 911. To help provide timely assistance in the event of a serious, life-threatening emergency, please complete the following information concerning location and support people who could be reasonably nearby. Inform your provider of any changes.

Address of current residence:	
Address of sessions location (if different than home):	
Personal contact closest to me: (Phone number and Relationship)	
Police department closest to me:	

**Patient Consent To The Use of Telehealth**

I have read and understand the information provided above regarding telehealth and understand I have the opportunity to discuss it with my provider or such assistants as may be designated. I hereby give my informed consent for the use of telehealth for professional services with my provider, Joshua C. Hulén.

_____	_____
Client signature	Date
_____	_____
Parent/Legal Representative	Date
_____	_____
Witness signature	Date