



Informed Consent to Treatment Through Telehealth Services

You may be offered the option of receiving mental health services through telehealth technology. This entails communicating with a clinician through an audio/video interface from a location outside of the office space.

By signing this document, you acknowledge the following:

I understand I have the right to decline telehealth services at any time.

My clinician may also determine that telehealth services are not appropriate or feasible for my care.

My insurance company's policies and procedures may also impact my access to telehealth services. For example, Medicare currently requires at least one in-person visit per year. Additionally, some insurers may not cover telehealth services or offer comparable reimbursement rates.

There are some differences between in-person and telehealth appointments. Some common concerns about telehealth include:

- Technological problems may occur which impact the participants ability to hear and see each other, or there may be a lag which makes conversations more difficult.
- Participants must have access to adequate internet conductivity to support video.
- The clinician may not be able to fully assess movement or gait problems during a telehealth appointment.
- A patient may not feel the same sense of connection to the clinician.
- It is necessary to be in a private location for a telehealth appointment to insure confidentiality.
- It may be more difficult for the clinician to respond promptly to medical or psychiatric emergencies.

If I have a telehealth appointment I agree to:

- Have the appropriate equipment available for a telehealth session. Typically this includes a computer or smartphone with a functional camera and microphone, and adequate internet service.
 - Arrange for payment of fees due at the time of service, by either calling the office prior to the appointment and during business hours, or consenting to automatic charges to an active credit/debit/HSA card on file. Please see the Financial Policy for more details.
 - Use a private space for the telehealth sessions in order to preserve confidentiality.
 - Complete any symptom questionnaires and required forms and consents sent to me by Farrar and Associates prior to the start of the session.
 - Not record my session.
-

I understand that if I do not cooperate with these telehealth policies and procedures, telehealth services may not be offered.

Farrar and Associates primarily uses a HIPAA compliant telehealth program called Doxy.me, which uses two-way realtime audio and video functions. Other approved HIPAA compliant programs may be used if there are technical limitations, such as latency issues or inability to connect through Doxy.me.

In the event there are substantial technical difficulties, the session may need to be completed by other secure means (such as telephone) or rescheduled.

Policies vary between different insurers and accreditation bodies as to whether phone-based services are an acceptable alternative when audio/video formats are not accessible.

Communications through email do not qualify as telehealth services, are generally not secure, and are not a substitute for the use of real time audio and visual communications.

I have reviewed this document, consent to these terms, and understand I may contact Farrar and Associates if I have any additional questions about telehealth services.

Patient or Guardian Signature

Date