

### Advanced Informed Consent for Electronic and Telebehavioral health technology

As a client or patient receiving behavioral services through telebehavioral health technologies, I understand:

- Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.
- The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Expectation for technology from clients:

**(Initial)** Clients will provide their own technology, to include a working smartphone or computer with webcam with working audio and video options for any videoconferencing and will download necessary software to their computer.

**(Initial)** Clients will have a phone available as a back-up in case of technology failure providing that number to the clinician.

**(Initial)** Client will secure themselves to a closed room quiet space that is not in public, and only clients will be in the quiet space (no children, friends, family or roommates)

**(Initial)** Client will provide the address of their location for each meeting at each meeting. The default/typical address where I will be meeting with my clinician would be:

**Your address:**

Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

- During my telebehavioral health consultation, details of my medical history and personal health information may be discussed with myself or other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.

Local Practitioners:

- If a need for direct, in-person services arises, it is my responsibility to contact practitioners in my area such as:  
**Your nearest hospital is:**  
or to contact my primary care physician or nearby local healthcare office if my behavioral practitioner is unavailable. I understand that an opening may not be immediately available in either office.

I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.

Risks of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. You should be aware of these risks.

Modification Plan:

- My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Emergency Protocol:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
- In emergency situations call 911. You give permission for your therapist may also call local emergency services if they observe you displaying emergency-type symptoms to check on you.

Disruption of Service:

- Should service be disrupted you can call by phone at **(your number):**
- or your therapist may attempt to call you by phone to finish the meeting.
- Should that communication fail to work your therapist may attempt to use email to contact you if you have offered your email.

Laws & Standards:

- The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

**Video conferencing**

Electronic Transmission of Information:

I, the undersigned, agree to participate in technology-based consultation and other healthcare-related information exchanges with Jennifer Ripley Ph.D. or Elizabeth Loewer, M.A., a behavioral health care practitioner (“practitioner”). This means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through an interactive video connection to and from the above-named practitioner, other persons involved in my health care, and the staff operating the consultation equipment.

Risks:

- I understand that telebehavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.
- Among the risks that are presently recognized is the possibility that the technology will fail before or during the consultation, that the transmitted information in any form will be unclear or inadequate for proper use in the consultation(s), and that the information will be intercepted by an unauthorized person or persons.
- In rare instances, security protocols could fail, causing a breach of privacy of personal health information.

Discontinuing Care:

- I understand that at any time, the consultation(s) can be discontinued either by me or by a parent/guardian or by my health care practitioners.
- I further understand that I do not have to answer any question that I feel is inappropriate or whose answer I do not wish persons present to hear; that any refusal to participate in the consultation(s) or use of technology will not affect my continued treatment and that no action will be taken against me.

Emergency care:

In case of physical or mental health emergency, these are the names and telephone numbers of my local emergency contacts (including local physician; crisis hotline; trusted family, friend, or adviser). I release Ripley consulting staff or trainees to contact these people in case of emergency.

Name

Telephone Number

1.

2.

3.

Given my expected location for meeting emergency response time for Police/Fire/EMTs is expected to be approximately ?? mins.

**Electronics Communication Policy:**

The use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the ethical standards of our profession. Consequently, this policy has been prepared to protect the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with your provider.

**Email Communications (only logistics, if you give permission):** We use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges should be limited to things like appointments, billing matters, and other related issues. Please do not email providers about clinical matters because email is not a secure way to contact us. The telephone or face-to-face context simply is much more secure as a mode of communication. If this is an emergency, then go to the nearest Hospital Emergency Room.

The email to contact the practice is [doctorripley@doctorripley.com](mailto:doctorripley@doctorripley.com) While there is medical-type security on this email, your side of email cannot be guaranteed, and any electronic information could be hacked. Also be aware that this email is shared by Dr Ripley and other staff in the practice.

**Phone and Voicemail (phone messages OK):** Clinic providers will respond to phone calls and voicemails as soon as they are able. Every effort will be made to respond to your call by the closing of the next business day. Please note, lengthy or frequent phone calls may be charged.

The phone number to contact your clinician is

Dr Ripley: 757-352-4296

Elizabeth Loewer: 757-797-4015

**Text Messaging (no texting):** Please do not text your clinician. The ethics and legal guidelines for texting with clients have not yet been agreed upon by either mental health providers, ethics or the law.

**Social Media (no social media):** Clinic providers do not communicate with, or contact, any of our clients through social media platforms like Twitter, Facebook, Instagram, etc. In addition, if we discover that we have accidentally established an online relationship with you, we will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you and violate the safety of the relationship.

**Online Reviews (please don't):** Some clients will review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. Please do not rate our work with you on any of these websites as your confidentiality is broken and this can have unknown consequences in your life.

Again, we hope that you understand our sincere desire to provide you and your family with the highest standard of care. Your privacy and confidentiality are critical to this mission. Please feel free to discuss any questions you may have about this, or any other clinic policy, with your provider.

Your preferences

(initial) I would prefer to have no email at all, phone only. **OR**

(initial) I agree to email communication about scheduling and billing.

My personal email is

(If you email us with a different email address we may use that new email address).

Release of Liability:

I unconditionally release and discharge Ripley Consulting LLC and its trainees or employees;

From any liability in connection with my participation in the remote consultation(s).

**Final Agreement:**

**I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions I have and have received satisfactory answers.**

**With this knowledge, I voluntarily consent to participate in the telebehavioral consultation(s), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.**

Name

Signature

Date

If you do not have a signature option, please type in your name and the date, and include in your response email that you could not sign this document but that you agree to this advanced consent form.