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Helping Children Reach their True Potential

Informed Consent for Telehealth Therapy Services

Introduction

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. It is designed to be used in therapy services when face-to-face therapy services are not available, or may not be

The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Live two-way audio and video
- Output data from medical devices and sound and video files

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her local healthcare site (i.e. home) while the therapist consults and performs treatment via virtual portal.
- Obtaining expertise of a specialist.
- Continuing therapy services when face to face options are not available.

Confidentiality

All records and tele therapy sessions are maintained in accordance with HIPAA and the state of Arizona guidelines. No information is stored in the telehealth platform and no calls are recorded.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, the consultant may determine that the transmitted information is of inadequate quality, thus necessitating a face-to-face meeting with the patient, or at least a rescheduled video consult;
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information
- Assessment methods may not be standardized due to telehealth format

By checking the box associated with “Informed Consent”, You acknowledge that you understand and agree with the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine, which identifies me, will be disclosed to researchers or other entities without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand the alternatives to telemedicine consultation as they have been explained to me, and in choosing to participate in a telemedicine consultation, I understand that some parts of the exam involving physical tests may be conducted by individuals at my location, or at a testing facility, at the direction of the consulting healthcare provider.
4. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
5. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
6. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my healthcare provider and consulting healthcare provider in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and/or (3) terminate the consultation at any time.
7. I understand that a facilitator must be present for the entire session to assist with therapy services.
8. I understand that the evaluation data may not be standardized, that the evaluation procedures have been modified due to telehealth format, and that additional evaluations may be warranted before initiating face-to-face services.

9. I understand that the services performed via telehealth are only offered temporarily due to the circumstances regarding the COVID-19 and recommendations from the Center for Disease Control and Prevention. Once these recommendations are changed, telehealth services should return to the format recommended by the therapist and provider.

Responsibilities of Patient and Therapist

- I will provide technology (computer/camera/microphone) in working order and with updated capabilities so that my child may access the telehealth portal
- Telehealth services will differ from face-to-face services and all of my child's goals may not be able to be addressed directly during this temporary period
- I will ensure that a facilitator is present for the entirety of the session in order to help my child implement therapy strategies
- I will ensure that my child is in an enclosed space which abides by HIPAA rules and regulations
- The therapist will be in an enclosed space abiding by HIPAA rules and regulations to protect my and my child's safety and confidentiality
- The therapist will continue to document therapy as normal which will be part of my child's medical record
- The therapist will continue to provide home programs and goals to work on at home in order to aid in my child's progress