

Telehealth Informed Consent

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby give my consent to Vanessa Marcantuono, Ph.D., to provide mental health services to me via telehealth.

Dr. Marcantuono has explained to me how the HIPAA compliant video conferencing technology will be used during telehealth services. I understand that this session will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my therapist. There are some advantages and disadvantages to this type of treatment.

Advantages include increased access to services without the need to travel to the office. Disadvantages include that some clients experience this modality as less personal, and Dr. Marcantuono will not be physically present in the case of an emergency.

I understand that the telehealth services provided via the HIPAA compliant program that Dr. Marcantuono uses are considered to be secure because it is reported by their manufacturers to be encrypted and therefore confidential, and that they meet HIPAA acceptable privacy guidelines. This program also guarantees that sessions are never recorded, and no personal health information is stored. I understand, however, that Dr. Marcantuono herself cannot independently certify the security of this system, and therefore agree to hold Dr. Marcantuono harmless from any and all consequences if any outside party gains access to our confidential conversations.

During sessions or other internet-based conversations, confidentiality should be treated just like an in-office session, by using a private room or space where I will not be overheard or interrupted. I agree to inform Dr. Marcantuono immediately if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.).

I agree to never audiotape or videotape or otherwise store content from our sessions, or share such data with any third party without the knowledge and consent of Dr. Marcantuono.

I understand that I am responsible for the security of the information on my own devices (phone, tablet, computer), and recognize that the laws that protect privacy and confidentiality of medical information also apply to telehealth.

I understand that I have the right to withhold or withdraw my consent to use telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time. As long as this consent is in force (has not been revoked), Dr. Marcantuono may provide therapy to me via telehealth without the need for me to sign another consent form.

Technical problems can occur using web- or phone-based services. If a session or call is disrupted, Dr. Marcantuono will attempt to call me back for at least 10 minutes. If reconnection cannot occur, the session will be rescheduled as soon as possible.

I understand that telehealth services are not intended for emergency services, and if emergencies arise, I will be required to seek face to face care by going to my local emergency room. Further, I understand that if there is a significant imminent safety risk, I am authorizing Dr. Marcantuono to contact the following person/people to ensure that I obtain the necessary medical/psychological care around those safety concerns:

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

In case of emergency, if Dr. Marcantuono cannot reach my provided Emergency Contact(s) or she deems immediate response necessary, she will call 911 and send providers to the address where I am located. I will need to confirm with Dr. Marcantuono what that address is, at the beginning of every telehealth session.

Dr. Marcantuono has explained to me that due to the current COVID-19 Public Health Emergency, the Centers for Medicare & Medicaid Services (CMS) have broadened access to Medicare telehealth services so that all beneficiaries can engage in teletherapy from home, effective March 6, 2020 and for the duration of the COVID-19 Public Health Emergency. CMS further represents that they will cover such sessions at the same rate as was paid for beneficiaries' regular in-person therapy sessions. Medicare clients therefore should not expect any change in excess of their usual out of pocket fees. Because Dr. Marcantuono does not participate in any non-Medicare plans, she is unable to speak to what other insurance plans will cover. I understand that it is both my right and responsibility to confirm whether teletherapy sessions will be allowed with my individual insurance plan(s).

By signing this agreement, I am agreeing to abide by all of the above policies and am choosing to participate in teletherapy sessions with my psychologist, Dr. Vanessa Marcantuono.

Client Signature

Date

Client Printed Name