

Huron Gastro GI Behavioral Health Teletherapy Consent

Definition of Services:

I, _____, consent to engage in teletherapy with Huron Gastro GI Behavioral Health Program. I consent to Internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that Teletherapy involves the communication of my medical/mental health information, both orally and/or visually, if I choose to share, but am not obligated to.

I understand that I have the following rights with respect to teletherapy:

Client's Rights, Risks, and Responsibilities:

1. I, _____, understand the laws that protect the confidentiality of my medical information also apply to teletherapy.
2. As such, I understand that the information disclosed by me during teletherapy, and consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the limits to confidentiality form I received during my admission for GI Behavioral therapy.
3. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my therapist and Huron Gastro. The transmission of information could be disrupted or distorted by technical failures; the transmission of information could be interrupted by unauthorized persons; and/or the electronic storage of medical information could be accessed by unauthorized persons.
4. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
5. I accept that teletherapy does not provide emergency services. If there is an emergency, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or have thoughts of harming myself, I can call the National Suicide Prevention Lifeline at 1.800. 273. TALK (8255) for free 24-hour hotline support. I understand that if I am at risk of harm to myself or others, GI behavioral therapy services will not be an appropriate path for care for me. If this is the case or becomes the case in future, my therapist will recommend more appropriate services.
6. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. **I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy session, and (2) arranging a location with sufficient privacy that is free from distractions or intrusions for my teletherapy session.** It is the therapist/provider's responsibility to do the same on their end.
7. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

I have read, understand and agree to the information provided above regarding teletherapy:

Patient Signature: _____ Date _____

Therapist's Signature: _____ Date _____