



Westbrook Youth and Family Services, Inc.

Telehealth Informed Consent

This Consent supplements the Informed Consent signed at Intake

I _____ (name of client) consent to engage in telehealth with a Westbrook Youth and Family Services provider as part of my psychotherapy. I understand that telehealth services use online, interactive videoconference software to provide mental health services from a distance.

Technology requirements include either an application download or online access to the video conferencing platform, access to a broadband Internet connection with at least 750kb/s download speed or a smart phone device with a good cellular connection. The smart phone, tablet or computer should have an onboard camera, microphone, and speaker. Risks of telehealth services include possible technological failures such as unclear video, loss of sound or internet connection. Non-verbal cues might be more difficult to observe and interpret.

The laws that protect the confidentiality of personal health information also apply to telehealth. Telehealth services are private and confidential as described in the WYFS Informed Consent and the Notice of Privacy Practices. Telehealth services are provided through HIPAA compliant, secure software. No permanent video or voice recordings are made from telehealth sessions. Clients also may not record or store video from sessions.

New clients must present a valid ID during the initial consultation and provide a copy for their record. Telehealth may not be the most effective form of treatment for everyone. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate recommendation will be made.

I understand that telehealth includes mental health care delivery, diagnosis, consultation, treatment, transfer of data, communication of mental health information, and education using interactive audio, video, and/or data communications.

If I am signing as a parent or guardian, I will respect the privacy of the telehealth sessions.

I understand that I have the right to withdraw my consent at any time.

Client Signature

Date