



TELEHEALTH TECHNOLOGY CONSENT FORM

Client Name: _____ Client ID: _____ D.O.B: _____

You have asked about using Telehealth Technology (“Telehealth”) to talk with SummitStone Health Partners (“SummitStone”) about your care and treatment. **Telehealth can include phone calls, Zoom, or other internet tools to share your medical and mental health information with SummitStone providers.** Telehealth services may not be right for everyone and SummitStone can stop using it at any time if your provider decides. **Before SummitStone can use Telehealth with you, you must read and agree to this consent form.**

Risks:

Sending medical and mental health information by Telehealth has risks you should think about before deciding to use it with us. Some of these risks are:

- Getting incomplete or less effective health care consultation and/or treatment.
- The chance that the video or audio connection may fail, get interrupted, or be disconnected.
- The video image may not be clear enough for remote consultation and/or treatment.
- Other people, including those in your household, may overhear your consultation if you don’t use headphones or ensure your privacy in other ways.
- There is a small risk that unauthorized people could access your health care consultation and/or treatment through electronic tampering or similar means.

Conditions:

SummitStone is not liable or responsible for improper disclosure or sharing of private information if it's not caused by SummitStone's wrongdoing. Before SummitStone will communicate using Telehealth, you must agree to these conditions:

- At your request, SummitStone may use Telehealth to discuss your diagnosis, treatment, billing, eligibility, and other topics.
- Telehealth has a higher risk of disclosure or sharing of sensitive information (like communications regarding AIDS/HIV status, mental health, developmental disability, or substance abuse) and you understand and accept these risks.
- You are responsible for protecting your Telehealth account(s), password(s), or other means of access to your account(s). SummitStone is not responsible for breaches of confidentiality with your account caused by you or others.
- You understand that telehealth consultation and/or treatment may not be the same as a face-to-face visit. Laws may require initial face-to-face visits and periodic face-to-face visits during your treatment, and you agree to comply with these requirements or requests.
- You understand that some health insurance plans may not cover telehealth services for psychotherapy or other mental health services. In these cases, you may have to pay for the telehealth services yourself.
- You understand that people at SummitStone’s location may accidentally see your Telehealth communications. SummitStone will protect your privacy to the best of its ability and will meet the privacy and security standards and other safeguards required for your protected health information (PHI).
- You understand that if you do not agree to this consent form, you cannot use Telehealth for communication or health care services, but you can still have face-to-face consultation or treatment with your clinician and/or other care team members at SummitStone.
- You understand that you have the right to revoke or take back this consent at any time, except for information that has already been shared before you took it back. If you want to stop or limit Telehealth communications with SummitStone, you need to inform SummitStone in writing, by filling out the bottom of this form.

Recommendations and Instructions:

If you want to send and receive Telehealth communications from SummitStone about your care and treatment, you should:

- Try to avoid using public computers and public networks for these communications with SummitStone.
- Quickly inform SummitStone of changes in your Telehealth account(s) or address(es).
- Make sure that your connection to the Internet is secure and that you are in a private area before using Telehealth to communicate with SummitStone. SummitStone is not responsible for information leaks or re-disclosures from an insecure internet connection.



- Take steps to keep your Telehealth communications with SummitStone confidential.

Client’s Rights Related to Telehealth Services:

- You have the right to refuse the delivery of health care services via Telehealth at any time without affecting your right to future care or treatment, and if you are a Medicaid member, without risking the loss or withdrawal of any Medicaid program benefits to which you would otherwise be entitled.
- All confidentiality protections required by Colorado and Federal law apply to services provided via Telehealth.
- You have the right to access all medical or mental health information resulting from your communication with SummitStone via Telehealth as permitted by applicable law related to client access to their medical records.
- I understand that my clinician will be confirming my location at the beginning of each session
- I understand that none of the telehealth sessions will be recorded or photographed and agree not to make or allow audio or video recordings of any portion of my sessions.
- I understand that if there is an emergency during a telehealth session, my clinician may call emergency services and/or my emergency contact.
- You have the right to refuse the delivery of health care services via Telehealth at any time without affecting your right to future care or treatment and without risking the loss or withdrawal of any Medicaid program benefits to which you would otherwise be entitled.
- You shall have access to all medical information resulting from the telemedicine services as provided by applicable law for your access to your medical records. [C. R. S. 2018, 25.5-5-320 (4)].
- These requirements do not apply in an emergency. [C. R. S. 2018, 25.5-5-320 (5)].

Telehealth Consent:

I acknowledge that I have received and read the information that SummitStone gave me about the potential risks of using Telehealth to communicate with them regarding my care and treatment. I understand these risks and consent to communicate with SummitStone and to the conditions above. I also understand that SummitStone may stop treatment through Telehealth at any time in the sole discretion of my treating providers. I also agree to the instructions outlined above and any other written rules that SummitStone gives me about sending and getting my health information using Telehealth. I understand that SummitStone has given me information about my rights when using Telehealth. SummitStone is permitted to use the web-based conference software, Zoom.

This consent expires two (2) years from date of signature.

_____ Signature of Client, Parent/Guardian (for client under 15 years of age), or Authorized Representative, including authority to act for client.	_____ Date of Signature
_____ Signature of Client, Parent/Guardian (for client under 15 years of age), or Authorized Representative, including authority to act for client.	_____ Date of Signature

AUTHORIZATION TO REVOKE CONSENT

*By signing below, you are **revoking** permission for SummitStone to provide Telehealth services.*

 Signature of Client, Parent/Guardian (for client under 15 years of age),
 or Authorized Representative, including authority to act for client.

 Date of Signature