Hoffman Psychiatric Services Telehealth Consent

I understand that Hoffman Psychiatric Services providers may provide me with services via telehealth.
I authorize my Hoffman Psychiatric Services providers to do so at times in lieu of interacting with me
in-person during a traditional practitioner-patient office visit, when such is permitted by state and federal law. By signing consent, you are acknowledging the below definitions and understandings of telehealth services:

1. I understand that telehealth is the delivery of healthcare services using technology when the healthcare provider and the client are not in the same physical location.

2. My healthcare provider or I may unilaterally choose to discontinue the telehealth encounter if it is determined the technology is not appropriate under the circumstances, or that the meetings are not clinically appropriate..

3. I have the right to withhold or withdraw my consent to the use of telehealth and/or telehealth services in the course of my care at any time, without affecting my right to be referred for future care or treatment from a qualified provider who offers in-person care.

4. A variety of alternative methods of health care may be available to me, such as an in-person encounter in lieu of a telehealth encounter, and that I may choose either of these options.

5. Telehealth may involve electronic communication of my personal healthcare information to other healthcare practitioners who may be located in other areas, including out-of-state or internationally, when appropriate for providing me with care that I request.

6. All existing confidentiality protections apply to telehealth encounters, and I have the right to access all healthcare information related to telehealth encounters and to receive copies of such information at cost upon request.

7. There will be no further dissemination of any of my protected health information to other entities without my further written consent, or as otherwise permitted by law.

8. I have the right to any healthcare records created as a result of a telehealth encounter, and all records will be maintained in a manner that is in compliance with state and federal patient privacy laws.

9. My telehealth encounters will not be recorded without my express consent.

10. I will be provided with information regarding my healthcare provider’s training credentials, license number, physical location, and contact information.

11. I will be provided with Hoffman Psychiatric Services Informed Consent for Therapy and Practice
Policies.

12. It is my duty to inform my healthcare provider of electronic or in-person interactions regarding my care that I may have with other healthcare providers.

13. I may expect the anticipated benefits from the use of telehealth services in my care, but no results can be guaranteed or assured.

14. I will have the opportunity to ask my healthcare provider any questions I may have regarding this consent before proceeding with a telehealth encounter.

I understand that there are risks and benefits associated with telehealth services and that there are circumstances and conditions specific to telehealth services, as follows:

Potential Benefits of Telehealth Services: My provider may choose to deliver services via telehealth because there are potential benefits associated with telehealth services as Follows:

1. A client is able to remain at a remote site while the healthcare provider receives information and provides healthcare advice at a different site.
2. The telehealth encounter may result in more efficient, timely, and cost-effective healthcare evaluation and management.
3. The telehealth encounter may offer an opportunity for others to participate in the encounter if they are unable to attend in person.
4. The telehealth encounter may allow the provider or client to obtain the expertise of a specialist who would otherwise not be available if a traditional in-person interaction was required.

Potential Risks of Telehealth Services: As with any healthcare procedure or service, there are potential risks associated with the use of telehealth services, which include, but may not be limited to, the following:

1. Telehealth-based services and care may not be as effective as face-to-face services for
certain client needs and circumstances.
2. There are potential risks to this technology, including interruptions, unauthorized access,
and technical difficulties, and I may not hold Hoffman Psychiatric Services or my healthcare provider

liable for technology failures. In the case where the online therapy platform fails, the patient may choose to use a non secure web meeting application including but not limited to FaceTime, Google Meet, Zoom, WhatsApp, or Skype. By choosing these alternate platforms, the patient acknowledges that their confidentiality may be compromised.

3. When using technology to facilitate healthcare delivery, there may be cultural or language differences that may affect the delivery of services, and there may be time zone differences between me and my healthcare provider.

4. There is the possibility of the denial of insurance benefits for telehealth encounters.