



TELEHEALTH TECHNOLOGY CONSENT FORM

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

You have inquired about engaging in Telehealth Technology to communicate with SummitStone Health Partners ("SummitStone") relating to your care and treatment. Telehealth Technology may include, for example, telephone, Skype or other internet-based telecommunication and information technologies through which you may exchange your medical and mental health information with SummitStone providers. Telehealth Technology may not be clinically appropriate for all clients, and SummitStone reserves the right to terminate Telehealth Technology at any time in the sole discretion of the treating provider(s). Before SummitStone can agree to communicate with you via such Telehealth Technology, you must read and agree to the terms and conditions of this Client Consent Form ("Consent"):

Risks:

Transmitting medical and mental health information by Telehealth Technology has a number of risks you should carefully consider before using Telehealth Technology to communicate with us or agreeing to allow us to use Telehealth Technology to communicate with you. These risks include, but are not limited to, the following:

- The potential for incomplete or less effective health care consultation and/or treatment.
- The possible failure, interruption, or disconnection of the audio/visual connection.
- Transmission of a video image that is not sufficiently clear to meet the needs of remote consultation and/or treatment.
- A minor risk of unauthorized access to the health care consultation and/or treatment information through the interactive connection by electronic tampering or similar means.

Conditions:

- SummitStone is not liable for improper disclosure of confidential information that is not caused by SummitStone's misconduct. Before SummitStone will engage in communications via Telehealth Technology, you must acknowledge and consent to the following conditions:
- Telehealth Technology is not appropriate for urgent or emergency medical or mental health situations.
- Per your request, SummitStone may contact you via Telehealth Technology to discuss topics including your diagnosis, treatment, billing, eligibility, and other handling.
- Telehealth Technology carries a higher risk of disclosure of sensitive communications (e.g., communications relating to AIDS/HIV status, mental health, developmental disability, or substance abuse), and you understand and accept these risks.
- You are responsible for protecting your Telehealth Technology account(s), password(s), or other means of access to your account(s). SummitStone is not liable for breaches of confidentiality involving your account(s) that are caused by you or any other third party.
- You understand that consultation and/or treatment via Telehealth Technology may not be the same as a face-to-face visit. Furthermore, applicable law may require initial face-to-face visits as well as period face-to-face visits throughout the therapeutic relationship, and you agree to comply with such requirements/requests made by your provider(s).
- You understand that some health insurance carriers may not provide coverage for psychotherapy or other mental health services and in these instances, you may be responsible for the cost of telehealth services;
- You understand individuals may be present at SummitStone's location who may incidentally encounter your Telehealth Technology communications with SummitStone. SummitStone will protect the confidentiality of your communications to the best of its ability and will meet the privacy and security standards and other safeguards required of it with regard to your protected health information (PHI).
- You understand that should you decline to execute this Consent, you will be precluded from receiving communications or health care services through Telehealth Technology, but that you are still entitled to seek and obtain face-to-face consultation with and/or treatment from your therapist and/or other care team members at SummitStone.
- You understand that you have the right to revoke this Consent at any time, except to the extent that information has already been released pursuant to this Consent at the time of the revocation. If you wish to cease or limit Telehealth Technology communications with SummitStone, you are responsible for informing SummitStone, in writing, of that revision to your consent.

Recommendations and Instructions:

If you wish to send and receive Telehealth Technology communications from SummitStone regarding your care and treatment, you should:



- Limit or completely avoid using public computers and public networks for such communications with SummitStone.
- Promptly inform SummitStone of changes in your Telehealth Technology account(s) or address(es).
- Ensure that your connection to the Internet is secure, and that you are located in an area that affords a degree of privacy before in engaging in communications with SummitStone via Telehealth Technology. SummitStone is not responsible for potential re-disclosures resulting from an Internet connection that is not secure.
- Take precautions to preserve the confidentiality of your Telehealth Technology communications with SummitStone.

Client’s Rights Related to Telehealth Services:

- You have the right to refuse the delivery of health care services via Telehealth Technology 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 Technology.
- You have the right to access all medical or mental health information resulting from your communication with SummitStone via Telehealth Technology, as permitted by applicable law related to client access to his or her medical records.

Telehealth Acknowledgement for Medicaid Members Only

Before a SummitStone Health Partners (“SummitStone”) provider can communicate with you via Telehealth Technology, the Colorado Medicaid Program requires that we notify you of the following:

1. You have the right to refuse the delivery of health care services via Telehealth Technology 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;
2. All confidentiality protections required by Colorado and federal law apply to services provided via Telehealth Technology;
3. You have the right to access all medical or mental health information resulting from your communication with SummitStone via Telehealth Technology, as permitted by applicable law related to patient access to his or her medical records.

I acknowledge that I have received and read the information that SummitStone has provided to me regarding my rights as a Colorado Medicaid member receiving health care services via Telehealth Technology.

Telehealth Technology Consent:

I acknowledge that I have received and read the information that SummitStone has provided to me regarding the potential risks of using Telehealth Technology to communicate with SummitStone regarding my care and treatment. I understand that the potential risks associated with using Telehealth Technology to communicate with SummitStone and consent to the conditions outlined above. I also understand that SummitStone may terminate treatment via Telehealth Technology at any time in the sole discretion of my treating providers. In addition, I agree to the instructions outlined above as well as any other written instructions that SummitStone may impose regarding the transmission and receipt of my health information via Telehealth Technology. I also acknowledge that SummitStone has provided me with a description of my rights related to the use of Telehealth Technology. SummitStone is permitted to use the web-based conference software, Zoom.

This consent to release information 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 RELEASE

*By signing below, you are **revoking** permission for SummitStone to release any of the information previously permitted.*

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

 Date of Signature