

Telehealth Assessment

TELEMEDICINE ASSESSMENT FOR CLIENT

Client Name:

DOB:

Level of Risk:

- Have you been suicidal in the past 6 months, or are you at significant risk of becoming so?
 Yes No
- Have you been homicidal in the past 6 months or are you at significant risk of becoming so?
 Yes No
- Do you have delusions about technology/electronics, or have a significant risk of developing them?
 Yes No
- Are you willing to identify an appropriate support person who can be available during your Telemedicine sessions?
 Yes No
- Are you willing to provide your own location, phone number, and proof of your identity? The location of your Telemedicine sessions will be your home if this changes, will you let your provider know your location?
 Yes No
- Are you a victim of domestic abuse?
 Yes No

Technology:

- Do you have a computer/device with internet access and that has the capability of using a HIPAA compliant webpage?
 Yes No
- Do you have an email address and are you comfortable using email?
 Yes No
- Are you comfortable with using video conferencing as a means of receiving counseling?

Yes No

- Do you have a location to receive Telemedicine counseling in a location that allows for confidentiality? I ask that you test the capability of your computer and internet access with the video conferencing technology with either me or a friend. Are you willing to do this?

Yes No

- I understand that my appointment time is valuable time with my provider. I agree to be at my computer and ready for my provider to invite me to my Telemedicine session within 5 minutes of my scheduled session.

Yes No

- There is the potential for technology breakdowns and interruptions. Do you believe that the use of technology will cause you more distress than it will help you? Yes No

Region/Location:

- Will you be in the state of Minnesota when receiving Telemedicine counseling? Yes No
- Are emergency services accessible? Yes No

Name of local Hospital/Medical Clinic:

Phone Number:

Name of Support Person who will be available during sessions:

Phone Number:

If Support person is not available, you agree to go to local ER or access Crisis Services if your provider makes such a recommendation for your safety and well-being. Yes No

Insurance (if applicable):

- If your insurance will not cover Telemedicine Counseling, are you willing to pay out of pocket for your sessions? Yes No

Date:

Signature:

Informed Consent to Telemedicine

INFORMED CONSENT TO TELEMEDICINE

Telemedicine allows my provider to diagnose, consult, treat, and educate using interactive audio, video and/or data communication regarding my treatment. I hereby consent to receiving my care via the internet (hereinafter referred to as Telemedicine) with the clinician listed below:

Clinician: Temitope A. Dawodu

I understand I have the following rights under this agreement: I have a right to confidentiality with Telemedicine under the same laws that protect the confidentiality of my medical information for in-person psychiatry visit. Any information disclosed by me during my visit, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my provider has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images, or information from the Telemedicine interaction to any other entities shall not occur without my written consent. I understand that while treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telemedicine, results cannot be guaranteed or assured. I further understand that there are risks unique and specific to Telemedicine, including but not limited to, the possibility that our sessions or other communication by my provider to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telemedicine treatment is different from in-person and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a provider/clinician in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with my provider and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telemedicine communications by providing written notification to Pathway Virtu-Health at the address above. My signature below indicates that I have read this Agreement and agree to its terms.

Date:

Signature:

Telemedicine Policy and Procedure

Telemedicine Policies and Procedures

Pathway Virtu-Health offers Telemedicine as a form of providing therapy services. Telemedicine has been proven to be as effective as face-to-face and is an effective way for people to receive services to help manage mental health symptoms, treat mental illness, and improve overall mental health. Here at Pathway Virtu-Health our providers have received necessary training to provide Telemedicine Services and will go through a process with you to determine if you are a good fit for receiving Telemedicine Services. Please note that over time your provider/clinician may determine that you are no longer a candidate to receive such services or may determine that you are eligible as you work together.

Safety is important to us here at Pathway Virtu-Health. You will need to verify your identity and be willing to follow set guidelines and safety practices to continue any form of counseling at Pathway Virtu-Health.

Pathway Virtu-Health will use a HIPPA compliant, audio and video, two-way interactive website. The client (patient, caregiver, etc.) and our provider will use audiovisual telecommunications technology (computer). This type of service is also referred to as “real-time” and may serve as a substitute for an in-person session. You will need to provide your own computer, have access to email, and know some minor basics about using email. You will be required to have your own email address.

Confidentiality is very important for all of us here at Pathway Virtu-Health, and we will follow all state and federal guidelines and take seriously using equipment that values your privacy.

If you would be interested in receiving Telemedicine Services, you must complete a Risk Assessment with your Provider to determine if you are a good fit for Telemedicine. You must be willing to comply with standards of practicing safe telemedicine services which include but are not limited to some of the following criteria:

Privacy Measures for the Client, (Expectations of the client):

- Avoid using mind altering substances prior to session
- Dress appropriately
- Hold the session in an appropriate room (not a bedroom) when attending a web-based session
- Do not have anyone else in the room unless you first discuss it with your counselor
- Do not conduct other activities while in session, such as driving.
- Do not bring any weapons of any kind to session (based upon clinical judgment)
- Do not record sessions without first obtaining the provider’s approval.

- Be located within the State in which the clinician is licensed to practice (client should inform the clinician of their location)
- It is recommended that you sign on to your account at least 5 minutes prior to your session start time. You are responsible for initiating the connection with your provider at the time of your session.
- With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use.
- Do not keep your provider's contact information on your phone if it is synced with other accounts/applications.
- Notify your provider if you suspect any breach in your security.

Emergency Management for Telemedicine

So that we can get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You, the client, will inform me, your provider, of the location in which you will consistently be during our sessions, and will inform me if this location changes.
- You, the client, will identify, on your client information form, a person, whom I, your location, can contact in the case that I believe you are at risk of harming yourself or others.
- Depending on my assessment of risk, you, the client, or I your provider, may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if it deems necessary, call 911 and/or transport you to a hospital. In addition, you may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

Cost

In most cases Telemedicine is covered by Insurance, please remember however that any services you receive at Pathway Virtu-Health that are not covered by Insurance are ultimately your responsibility to pay. You may pay privately for Telemedicine Services. The same rates that apply for face-to-face therapy apply to Telemedicine Services. The cost savings for you comes in the form of saving on gas, vehicle wear, time, potential childcare costs, and/or time missed from work.

Safety and Patient-Provider Relationships

Patients should trust that providers will offer necessary information for patients to make decisions about treatment. They should also expect competent care, assurance of privacy and confidentiality, and

continuity of care. Providers' ethical responsibilities remain the same with telemedicine, but differences in possible patient-provider interactions in telemedicine have brought accountability and the patient provider relationship to the forefront in discussions about telemedicine safety. As an avenue for service delivery, telemedicine ideally would be integrated into regular, coordinated care and services.

Discontinuation of Telemedicine Services

Each Mental Health Professional at Pathway Virtu-Health will access and discuss treatment to determine if in-person services, telemedicine services or a combination of the two would be most appropriate. Discontinuation of any of these services will be determined based on clinical judgement of treatment plan adherence, and/or treatment progress towards goals identified. Once a client has reached their goals according to their treatment plan the clinician and client will work together towards discharge, or work toward creating a new treatment plan based on medical necessity.

TO RECEIVE TELEMEDICINE SERVICES YOU MUST READ AND SIGN THIS DOCUMENT, READ & SIGN THE TELEMEDICINE INFORMED CONSENT, AND COMPLETE A RISK ASSESSMENT. IF DONE ELECTRONICALLY THEY WILL BE ENTERED INTO YOUR ELECTRONIC HEALTH RECORD. IF YOU COMPLETE THEM IN THE OFFICE, PLEASE RETURN THEM TO YOUR THERAPIST.

Date:

Signature: