

## CONSENT FOR TELEHEALTH SERVICES

### What are Telehealth Services?

Telehealth services are used when our patients and their respective physicians, psychiatrists or other clinical personnel (hereafter "Clinicians") cannot be physically together for mental health evaluation needs, medication prescribing or the provision of individualized or group-level services. Telehealth services use video and audio technology to send both voice and visual images between you and the Clinicians.

### How do Telehealth Services work?

All patients participating in Telehealth delivery should use their reasonable best efforts to interface with Clinicians in a private setting using a two-way, interactive device with video capability (e.g. personal computers, tablets, smartphones or other personal devices with video capability). Treating Clinicians interfacing with patients will also utilize similar equipment in private settings when delivering care. Patients participating in group-level services should use their reasonable best efforts to maintain patient privacy for all participating patients and should ensure third parties are not able overhear or view participating patient information.

### Are Telehealth Services private and secure?

The interactive electronic systems used comply with federal privacy and security law and/or as otherwise directed by Health and Human Services, Office of Civil Rights and other Federal oversight agencies. However, when it comes to privacy and security with group-level services, it is the responsibility of each participating patient to ensure that while participating in the telepsychiatric services they ensure that no third parties are present or listening to the group-level session.

### What happens if I choose not to consent to Telehealth Services?

If you choose not to consent to Telehealth services, you will be provided with an onsite Clinician to provide you face-to face psychiatric services, subject to the Facility's capability to provide onsite psychiatric services.

### My Rights and Responsibilities

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telehealth services.
- I understand that the technology used is encrypted to prevent the unauthorized access to my private medical information or is otherwise consistent with guidance from Health and Human Services, Office of Civil Rights and other Federal oversight agencies.
- I understand that in some circumstances I may only be able to provide my verbal consent to the terms of this Consent and that verbal consent shall be documented by the Clinicians and/or the facility and shall be of the same force and effect as my written consent.
- I have the right to withhold or withdraw my consent to the use of telehealth services during the course of my care at any time. I understand that my withdrawal of consent will not affect my eligibility to receive future care or treatment. I further understand that declining telehealth services may result in delays or restrictions in accessing on-site care subject to facility capabilities.
- I understand that the Clinicians and/or facility have the right to withhold or withdraw this consent for the use of telehealth services during the course of my care at any time if it is determined I am not able to reasonably participate in telehealth delivery.
- I understand that in the event I do not make my reasonable best efforts to ensure the privacy of other participating patients in group-level services, the Clinicians and/or facility have the right to withhold or withdraw the availability of Telehealth services to me.
- I understand that the all rules and regulations which apply to the practice of medicine in the state of Michigan also apply to telehealth services.
- I understand I may not have any face to face contact with my Clinicians, except for my telehealth services visits.
- Telehealth services will not be recorded.
- The Clinicians will inform me if any other person can hear or see any part of our telehealth services session before the session begins.

### Patient Consent To The Use of Telehealth Services

I consent to telehealth services and I have read and understand the information provided above regarding telehealth services. I have had the opportunity to ask questions about this information and questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth services in my psychiatric care and authorize use of telemedicine in the course of my diagnosis and treatment.

Signature of Patient (or authorized signer/relationship): \_\_\_\_\_ Date: \_\_\_\_\_

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PATIENT IDENTIFICATION