



Purpose:

The purpose of this document is to obtain consent for Telehealth Services with DBT Skills Training Group at Harmony Harbor Counseling (HHC). Telehealth service is the delivery of healthcare services when the therapist and client are not in the same physical location/site using various technologies. This could include video sessions via telehealth software on a computer, tablet, or phone using a HIPAA Compliant platform (for our purposes, we use TherapyNotes or Google Workspace).

Risks/Benefits of Telehealth Sessions:

The risks and benefits of telehealth are similar to in-person sessions. There are additional risks, however. First, although we will use a HIPAA secure platform with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Second, since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our office setting. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible. Third, in the event of group sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting. Fourth, technology disruptions may occur due to a poor connection, inclement weather, etc. In these extreme cases, the training may need to be cancelled and rescheduled.

To reduce risks to confidentiality, we suggest that **all telehealth sessions occur in a private room with no one else present and that you wear headphones** to limit the possibility of other people overhearing confidential information. In group video sessions, you have the option to turn off your camera so that others may not see you, however we ask that you do this **only momentarily and remain fully present and attentive as you would if you were sitting in a classroom. Please do not attend skills training in a public setting or while driving or traveling in a car.**

**Since this may be different from the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements if you wish to participate in group telehealth:**

- ✓ You understand and agree to participate in a telehealth session that will contain personal identifying information as well as protected health information.
- ✓ You understand that the skills trainers of your group will be at a different location from you.
- ✓ You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time during your care.
- ✓ You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- ✓ You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.



- ✓ You have been given the opportunity to ask your provider questions relative to receiving telehealth, security practices, technical specifications, and other related risks.
- ✓ Although many insurance companies are allowing and approving for telehealth services, you agree to pay in full for your service in the case that your insurance does not cover telehealth services.
- ✓ You understand the importance of arriving prepared, on time, with your materials and your homework completed, as if you were arriving at a skills training group in person.

By signing this consent, I acknowledge I have read and understand the information provided above, have discussed this with my skills trainer and/or therapist and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
**Signature of Client (or Legal Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Client (or Legal Guardian)**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Staff**