Telehealth Informed Consent

WELCOME

Thank you for choosing ANTHC Behavioral Health Wellness Clinic for your health care. We are happy you are here. This consent document has important information about the clinic and confidentiality. This consent is our agreement between you and the clinic providers. Copies of the informed consent are available on our website anthc.org/BHWC.

TELEHEALTH TREATMENT

The clinic delivers care through telehealth. Telehealth is care provided between you and the clinician talking with each other by audio/video internet connection. Technology may consist of personal computers, tablets, or phones.

Telehealth treatment can improve access to care in rural communities. There may be risks with the use of telehealth for people with hearing problems, do not understand the technology, or live in a place with electrical or internet issues. Those risk are better addressed by seeing their provider in person. The clinic's telehealth are generally secure but not 100% perfect. You and your providers will connect using a log in link that is encrypted. Please know there is a small chance privacy risk if the security is broken or hacked. If there is an emergency, the Clinic may have limited ability to respond.

You can decide at any time during your care that telehealth is not a good fit; tell your provider and/or case manager for other options.

TELEHEALTH TECHNOLOGY

For your appointments; be sure to have your phone or other device connected to the clinic's link. If you need help, ask someone at the clinic at any time before or during your scheduled appointment. If internet is not working, the sessions may be through phone call.

If your session is interrupted for any reason contact the clinic at 907-729-2492 immediately for assistance reconnecting to your session.

YOUR LOCATION FOR THE SESSION

You should choose a location for your telehealth appointments that is private, confidential, and safe. You tell the clinic your location at the beginning of each of your appointments. If you cannot find a private space, you can choose to wear headphones to protect privacy so that others cannot listen. You choose the safety of your location; but, the clinic will not provide treatment if you are, at the time of treatment, operating a motor vehicle or in a space that does not appear to be private or confidential.

CONFIDENTIALITY

The Clinic will keep your information confidential and will not reveal your information without your permission or as required by applicable law and regulations. There will be no recording of any of the online sessions by you or the clinic. The session information and records are confidential in accordance with applicable law and regulations.

In case of medical emergency for you, your session records may be disclosed to other treating providers to address emergency treatment purposes. To provide you care at the clinic, the clinic's staff and appropriate support services may use and disclosure your information in order to provide the medical care treatment, payment and health care operation purposes as permitted by law and regulations.

You may direct your providers to share information with whomever you choose, and you can change your mind and revoke that permission at any time.

Legal exceptions to Confidentiality:

- 1. If the clinic providers believe that you are in <u>imminent danger of harming yourself</u>, then your providers may be required by law to disclosure your health information and call the police, mobile crisis team, VPSO and/or State Troopers.
- 2. If your clinic providers have reason to believe that you are <u>abusing or neglecting a child or vulnerable adult</u>, or if you give them information about someone else who is doing this, then your providers must inform the appropriate agencies such as the Office of Children's Services or Adult Protective Services.
- 3. If your clinic providers have reason to believe that you will <u>harm another person(s)</u>, then your providers may be required by law to inform that person and warn them of your intentions. Your providers will also contact the police and ask them to protect your intended victim.
- 4. If you are involved in legal proceedings and your providers' <u>records are court ordered for release</u>, then your providers will be legally obligated to release your records.

SUPERVISION

The Clinic staff includes Behavioral Health Aides of varying levels and licensed behavioral health providers. The Behavioral Health Aides are supervised by licensed behavioral health supervisors. At times, the clinic also has master's and doctoral level-graduate student clinicians completing their practicum and delivering care. Graduate students are also supervised by the licensed behavioral health supervisors at the clinic. If you have a concern regarding your provider, you can call 907-729-2492 and request to speak to a supervisor.

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MISSED APPOINTMENTS & CONNECTING TO OTHER CARE

Please call 24 hours in advance if you need to cancel an appointment. After two (2) consecutive missed appointments, the clinic may remove you from future scheduled services.

We are committed to providing you care but and we understand that our clinic might not be the right fit for everyone. You stop the telehealth at any time. The clinic staff will assist you in completing steps to connect with another provider or different clinic.

BEHAVIORAL STANDARDS

Respectful behavior and communication is a must at our clinic. Persons who are intoxicated will not be tolerated. Please be respectful toward others during individual and group services. Clinic providers may end an appointment with you or require you to leave if you are intoxicated or disruptive.

FEES

Tribal beneficiary of the Indian Health Service may have fees waived for services at the BHWC. If you are privately insured your insurance may be billed for services received at BHWC. Questions about billing and statements, please contact the Healthcare Resource Group at 509-900-6415.

IN CASE OF EMERGENCY

If you have an emergency, call 911 or go to an Emergency Room or health clinic. You can also call the Alaska Careline at 1-877-266-4357.

INFORMED CONSENT

I have read and understand the information provided on this document. By signing this document I consent to the telehealth care with the ANTHC Behavioral Health Wellness Clinic and its providers.

Signature of Client or Representative: Date/Time signed:

Signature of Provider: Date/Time Signed: