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COVID-19 Emergency Telehealth Implementation Consent

This consent is an addendum to our original Treatment Consent Forms.

- The policies outlined on those original documents, including appointment cancellations, how to contact your provider, emergencies or crisis protocols are still in effect.
- **The Mecklenburg County Mental Health 24-hour Crisis Line is 704-566-3410.**
- This document outlines the circumstances, procedures and expectations for participating in Telehealth due to COVID-19.

Out of an abundance of caution in response to the World Health Organization's March 11, 2020 declaration of COVID-19 as a global pandemic, as well as national, state and local declarations of emergency, **my practice will be offering video-based services as needed (i.e., telehealth or telementalhealth) using Zoom to help control community spread of the virus.**

- I use a HIPAA compliant version of Zoom.
- Please note: NC State laws governing Licensed Clinical Social Workers only allow Telehealth services to be conducted when the client is physically located in the state of NC.

Participating in Telehealth services requires that the client agree to the following:

- The client will provide their own technology (including a secure internet connection, video/webcam, microphone and audio). A smart phone will work, but it is not ideal.
- The client agrees to originate their appointment from a non-public location that allows privacy and minimizes the ability of the appointment being overheard. Consider using a white noise machine outside the room if you think you might be overheard by others. It is strongly recommended that the client use earphones/earbuds if privacy is not available.
- It is requested that you place a "do not disturb" notice on the closed-door room you will use.
- The client agrees to not initiate their Telehealth appointment in a public place, while driving a car, using public transportation, or being a passenger in a car.
- The client agrees to participate in Telehealth services dressed appropriately, as if they were attending in-person appointments.
- **If the client does not uphold the expectation of providing a safe and confidential space, the appointment will be ended, and the client will be responsible for fees associated with appointment cancellation.**

Consent for Telehealth Services

1. I understand that my provider has offered me Telehealth Services.
2. I understand that the information transmitted during Telehealth Services will not be recorded.
3. My provider has explained that receiving services using video conferencing will not be the same as an in-person office visit due to the fact that I will not be in the same room as the provider.
4. I understand that Telehealth services have potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

5. I understand that there are potential risks to Telehealth including interruptions, unauthorized access, and technical difficulties.
 - A. I understand that if there is a service disruption due to technology failure, that my provider will call me by telephone to continue the appointment in this format.**
 - B. I understand that the provider or I can request to discontinue the Telehealth services if it is agreed that the video-conferencing connections are not adequate for this situation.
6. I understand I can have a direct conversation with my provider, during which I can ask questions about Telehealth services.

Consent to Use Zoom: Zoom is the Telehealth videoconferencing technology I will be using for our appointments. By signing this document, I acknowledge:

1. Zoom is not an emergency service. **In the event of an emergency, I will use a phone and call 9-1-1.**
2. Though my provider and I will be in direct, virtual contact using Zoom, Zoom does not provide any medical or healthcare services or advice, including but not limited to emergency or urgent medical services.
3. I do not assume or expect that my provider has access to all of the technical information about the Zoom platform.
4. To maintain confidentiality, I will not share the Telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify that:

1. I have read this form or had this form read and/or explained to me.
2. I fully understand its contents including the risks and benefits of receiving Telehealth through videoconferencing.
3. I have been given ample opportunity to ask questions, and that any questions have been answered to my satisfaction.
4. I agree to provide the environmental conditions outlined above to ensure a safe and confidential environment.
5. I understand that the need for continued use of Telehealth services will be reevaluated at the conclusion of the COVID-19 national, state and local emergencies.

Client Name (printed) _____

Client Signature _____ Date _____