

Collective Voices
P.O. Box 243
Dodgeville, WI 53533
Phone: 608-347-1432
Email: collectivevoices2019@gmail.com

INFORMED CONSENT FOR TELEHEALTH SERVICES

Beginning March 12, 2020, there has been a temporary allowance for remote services utilizing interactive synchronous (real-time) technology, including audio-only phone communication and video conferencing, also known as telehealth. These telehealth services have been temporarily approved for the duration of the public health emergency for COVID-19. The purpose of this form is to inform Collective Voices clients about the use of telehealth services, and for participants, parents, or legal guardians to consent to telehealth services for themselves and/or their child. Participants have the right to withdraw or withhold consent for telehealth services at any time.

Collective Voices is based in Wisconsin, however it serves clients nationwide. The State of Wisconsin defines telehealth as “the practice of medicine when patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telehealth does not include the provision of health care services only through email messages, text messages, facsimile transmission, mail, or parcel service, or any combination thereof.”

While Collective Voices takes every precaution with regards to confidentiality, including using a HIPAA compliant video platform, there may be increased risks of unauthorized persons accessing transmissions of telehealth services and information. Other risks of telehealth services include disruptions in video and/or audio transmissions, and other technical failures. In the event of technical difficulties, your Collective Voices provider will make every effort to fix the problem and resume the session, but there may be instances where sessions are unable to resume. There may be other risks to telehealth not outlined in this form. Benefits to telehealth include increased consistency of services in case of illness, scheduling, geographically location of clients, transportation, inclement weather, or other barriers that prevent a participant from attending an in-person session.

Participant responsibilities with regards to telehealth at Collective Voices include providing an email address or phone number to receive scheduling information and secure links to access sessions and providing a parent or guardian on-site to help their child log into the session (if applicable.) Telehealth will be most successful if the participant is allowed to feel a sense of leadership around the session so please allow for a private space, whenever possible, to communicate with the provider, just as in face-to-face sessions. For minors, parents will be required to give verbal permission for telehealth services. Parents will also be responsible for providing the computer or phone and all associated hardware as well as an internet connection. Sessions must take place in a secure location, such as the home or office, and cannot be conducted in public places, such as the library or coffee shops. All clients must provide a current address where they are situated during telehealth sessions in

case of emergencies. If the address changes from one session to the next, clients are required to update their provider at the start of the session.

Telehealth has been deemed to be just as effective as in-person services. If your provider deems that services provided via telehealth are not equivalent to in-person services, you will be notified and referred back to in-person treatment once the public health crisis has concluded.

By signing below, I have read the above information and consent to myself and/or my child receiving services at Collective Voices via telehealth. I agree to providing all necessary onsite computer or phone equipment, as well as a parent/guardian giving verbal consent for telehealth services. I understand this form gives consent for 12 months from the date of signature.

Participant's name (print and sign):

Date:

Participant's cell phone:

Participant's date of birth:

Provider's name (print and sign):

For minor's only:

Parent/Guardian Name (print and sign):

Parent/Guardian's cell phone: