

VIDEO-BASED SERVICES INFORMED CONSENT

To better serve the needs of clients, certain services are available by interactive video communications and/or by the electronic transmission of information. The information may be used for delivery of behavioral health and related services including assessment, intervention, transfer of health data, therapy, consultation, follow-up and/or education.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefit:

1. Improved access to behavioral health care by enabling a client to remain at a remote site while receiving Social Work services.

Possible Risks:

Although rare, there are potential risks associated with the use of video-based services. These risks include, but are not limited to:

1. Information transmitted may not be sufficient (i.e. poor resolution) to allow for appropriate intervention by the Social Worker.
2. Delays in services could occur due to technical deficiencies or failures.
3. The transmission of client's information could be interrupted by unauthorized persons.

Necessity of In-Person Evaluation:

If it becomes clear that video-based services are unable to provide all pertinent information during a particular encounter, the Social Worker must make it known prior to the conclusion of the live video encounter. The Social Worker must also counsel the client prior to the conclusion of the live video encounter regarding the possible need for the client to obtain an additional in-person evaluation reasonably able to meet their need.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and confidentiality of client information also apply to video-based services.
2. I understand that I have the right to withhold or withdraw my consent in the course of receiving services at any time, without affecting my right to future care or treatment.
3. I understand that video-based services may not be as complete as face-to-face services. I also understand that if my Social Worker believes I would be better served by another form of service, I will be referred to a service provider who can provide such services in my area.

4. I understand that I may expect the anticipated benefits from the use of video-based services in my care, but that no results can be guaranteed.
5. I understand that in the event of an inability to communicate as a result of a technological or equipment failure, I shall seek follow-up care or assistance at the recommendation of my Social Worker.

CLIENT CONSENT TO THE USE OF VIDEO-BASED SERVICES

I have read and understand the information provided above regarding video-based services and understand I have the opportunity to discuss it with my provider. I hereby give my informed consent for the use of video-based services in my behavioral health care.

I hereby authorize Dr. Torin T. Sanders, LCSW to use video-based services in the course of my services.

Name of Client

Date