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Telebehavioral Health Informed Consent

1. As a patient receiving behavioral services through telebehavioral health technologies, I understand that telebehavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and patient who are not in the same physical locations and that as such, the visit may not be the same as an in-person visit because I will not be in the same room as the provider.
2. Interactive technologies used in telebehavioral health incorporate network software security protocols to protect the confidentiality of patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.
3. I understand that I will need access to, and familiarity with the appropriate technology in order to participate in the service provided. I will use my own equipment to communicate and not equipment owned by another, and specifically will not be using my employer's computer or network. I am aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.
4. There are benefits to using technology for behavioral health visits including convenience and greater protection from communicable illnesses. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information and disruption of service due to technical difficulties.
5. I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services and benefits.
6. I understand that billing will occur at the same rate as an in-person visit.
7. It is my responsibility to maintain privacy on the patient end of communication. I understand that my information may be shared with insurance companies for billing purposes. Those authorized by the patient or by law may also have access to communications or records.
8. I have had an opportunity to discuss telebehavioral health visits with my provider directly and ask questions. My questions have been answered and the risks, benefits and practical alternatives have been discussed with me in a language I can understand.

By signing this form I agree that I have read this form and/or had it explained to me, and that I fully understand its contents including the risks and benefits of telebehavioral health visits.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_