

Informed Consent for telehealth Services

Portland Processwork Clinic (PPC) offers telehealth services when you or your provider may not be able to engage in face-to-face health care services.

Description of telehealth Services: "telehealth " refers to services that can either occur over the phone, or "telephone services," and services that can only occur when you and your provider can see each other via video technology and can communicate back and forth in real time, or "telehealth services."

For all telehealth services (telephone and telemedicine):

- Your provider will always be in a secure and private location to provide telehealth services. You must also be aware of your surroundings when telehealth services are provided to you. It is your responsibility to choose a location where your conversations with your provider cannot be overheard by others.
- Standard data and message rates will apply. PPC will not reimburse you for the costs of telehealth services.
- You release PPC from all claims, damages, losses, and expenses arising out of your failure to use a secure location and method of communicating with PPC while engaging in telehealth services, including but not limited to your use of an unsecure wifi connection.

For telemedicine (video services) only:

- PPC Counselor's will provide you with a link and a phone number that you can use to join the telehealth session. PPC will send you this information via the email address or text number that you provide below.

Anticipated Results and Benefits of telehealth Services: The anticipated results and benefits of telehealth services are to effectively and efficiently assist you with the care, management, and treatment of your counseling needs.

Potential Risks: As with any counseling service, there are potential risks associated with the use of telehealth. These risks include, but are not limited to, delays in treatment due to failures of telehealth software or equipment. Also, security protocols could fail, causing a breach of privacy of your counseling information.

Text and Phone Call Consent: By your signature below, you consent to PPC's transmission of calls and unencrypted text messages at the cell number below, and unencrypted email messages at the email address below, related to the telehealth services. Unencrypted communications carry certain risks. For example, text messages and emails could be received by other people who have access to your device. By your signature below, you acknowledge that these risks exist and expressly consent to receive unencrypted communications described in this Consent from PPC.

Cell number: _____

Email address: _____

By my signature, I, the client designated below, understand the above description of the telehealth services, the potential benefits and risks of telehealth. I certify that I have had the opportunity to ask questions and consent to receiving telehealth services from PPC.

Client Name _____

Signature _____ Date _____

Name/Relationship of Authorized Signer (if other than client): _____