

Informed Consent for Telehealth Services with Sheila Sturgeon Freitas, Ph.D.

I, _____ (the client), consent to engage in telehealth services with Sheila Sturgeon Freitas, Ph.D.

Telehealth services are a form of counseling provided via telephone or the internet (e.g. remote video conferencing). The services can include therapy sessions, education, transfer of your medical information, and (if you give permission) consultation with your other providers or family members. If you do not have easy access to a fax (which may be more secure) telehealth technology may also allow us to exchange handouts, questionnaires that you complete and return, or return signed documents like this form. Lastly, Dr. Sturgeon Freitas may consult professionally via telehealth technology (unless you request otherwise), though she will use significant attempts not to use your name in that case.

I understand that telehealth services involve the communication of my personal medical and mental health information, verbally and/or visually. Dr. Sturgeon Freitas will not record or store any telehealth appointment audio or video. Remote video conference software/apps may store basic information like your name, contact info, upcoming appointments or contact history, but they by contract with Dr. Sturgeon Freitas state they will not record or store any audio or video content.

Telehealth services have the same purpose or intent as counseling or education/consultation that are conducted in person. However, due to the nature of the technology used, I understand that telehealth services may “feel” or be experienced differently than face-to-face services.

Client’s Rights, Risks, and Responsibilities

I understand and agree I have the following rights with respect to telehealth services:

1. Clients have the right to withhold or withdraw telehealth services consent at any time without affecting their right to future care or treatment. If Dr. Sturgeon Freitas believes my own situation or circumstances would make it unfeasible or unsafe to switch to face-to-face services for any prolonged period, I understand I will be given appropriate, trusted referrals to pursue.
2. The laws that protect the confidentiality of my medical information also apply to telemental health services. As such, I understand the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the main Outpatient Services Contract for Sheila Sturgeon Freitas, Ph.D., signed separately.
3. I understand there are risks and consequences of participating in telehealth services, including, but not limited to, the possibility that despite the best efforts by Dr. Sturgeon Freitas to ensure encryption, stable quality, and secure technology, the transmission of my information could be disrupted or distorted by technical failures, and the transmission of my information could be interrupted or intercepted by unauthorized persons, whether by accident or by criminal intent (e.g. “hacking”). Dr. Sturgeon Freitas does not have the technical background to independently verify the security measures that telehealth technology software and apps describe. All options Dr. Sturgeon Freitas may use will be HIPPA-certified products.
4. There is a risk that services could be disrupted or distorted by unforeseen technical problems. In that case, we typically would try to reconnect with video, then switch to a traditional phone call if still unsuccessful. If we switch to phone or audio-only teleconference I understand my appointment will still be billed at the full rate listed in the main Outpatient Services Contract. If we are unable to reconnect even by phone or audio-only, then I will be bill for the amount of time engaging in service-related activity. Please note that billing for a shorter session might amount to a smaller reimbursement rate to the professional from an insurance carrier, however it typically does not reduce the required co-payment amount.

5. In addition, I understand that telehealth services and care may not feel as complete as in-person services. Dr. Sturgeon Freitas may have greater difficulty, for example, in reading body language or facial expressions over telephone or video conferencing. I understand that if Dr. Sturgeon Freitas believes I would be better served by face-to-face services only, she will request that switch or I will be given appropriate referrals.

6. I understand I may benefit from telehealth services, but just as with face-to-face services, results cannot be guaranteed. Since counseling often involves discussing unpleasant aspects of your life or relationships, you may experience uncomfortable feelings like sadness, guilt, anger, frustration or loneliness. I understand there are potential risks and benefits associated with any form of counseling, and despite my efforts and the efforts of Dr. Sturgeon Freitas, it is possible my concerns may not improve, and in some cases may worsen. That said, counseling in any format often leads to better relationships, solutions to specific problems, and significant reduction in clients' distress.

7. I accept that telehealth services do not provide emergency services, and that even with face-to-face services Sheila Sturgeon Freitas, Ph.D. is not a crisis response center with 24 hour coverage. On business days, Dr. Sturgeon Freitas tries to return calls in a timely fashion, but sometimes it can take 1-2 business days. If I am experiencing an emergency situation, I understand that I can call 911, call my personal physician or proceed to the nearest hospital emergency room for help. I can also go to Pathways Crisis Center, located at 7192 Potomac Drive, Boise, ID 83704 or call 1-833-5-CRISIS (27-4747). If I feel in crisis, or am having suicidal thoughts or making plans to harm myself, I can also call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for telehealth services. If this is the case or becomes the case in the future, Dr. Sturgeon Freitas will recommend more appropriate services (typically through Pathways), whether switching to face-to-face services with Dr. Sturgeon Freitas (if safe and feasible) or with a referral.

8. I understand there is a risk of being overheard by anyone near me if I am not in a private room while participating in telehealth services. I agree to take precautions to be in a private location during any telehealth contact.

9. In between any telehealth appointments I will only communicate with Dr. Sturgeon Freitas by phone (208) 475-4690 (office) or text messages at (208) 514-6335 (cell). Dr. Sturgeon Freitas will not be checking for any messages or emails sent internally from videoconferencing software/apps except possibly just a few minutes before our telehealth appointment. Likewise, all scheduling must be done while talking live-time, or else communicated by voicemail/text to the main office number above. Dr. Sturgeon Freitas will not be using or checking appointment scheduling from within telehealth software/apps.

I am responsible for:

1. Providing at my own expense the necessary computer, pad, phone, or other telecommunications equipment and internet access for my telehealth services.

2. Arranging a location with good lighting and privacy that is free from distractions or intrusions for my telehealth services appointments. Dr. Sturgeon Freitas will do the same.

3. Using a secure landline, secure cell phone connection, secure hardwired connection (e.g. ethernet cable) or a secure, password-protected wifi connection for all telehealth contact. I will not use a public wifi connection—even if it requires a password to login (e.g. at a restaurant, coffee shop, public building, or even at some employers).

4. Checking insurance coverage, as desired, since my insurance carrier or Health Savings Account administrator may not cover telehealth services in the same way, even if they do reimburse face-to-face services on an out-of-network basis with Dr. Sturgeon Freitas.

I have read, understand, and agree to the information and responsibilities listed above for Telehealth Services. I understand once signed this represents an agreement between myself and Sheila Sturgeon Freitas, Ph.D.

This supplemental informed consent for telehealth services does not amend or alter the main Office and Financial Policies agreement with Sheila Sturgeon Freitas, Ph.D. signed separately.

_____ Client's Signature
_____ Printed name

_____ Client's Signature
_____ Printed name

_____ If under age 18, Guardian/Parental Signature
_____ Printed name