



Bayer NeuroBehavioral Center, PLLC

Informed Consent for Telehealth Services

Telehealth is the use of electronic information and communication technologies by a health care provider (including psychologist or therapist) to provide services, including psychological services such as psychotherapy, neuropsychological/psychological evaluations, to a patient who is not located in the same place as the provider. Electronic communication technologies include but are not limited to phone, mobile devices, video-conferencing, and email.

The laws that protect privacy and confidentiality of medical information also apply to telehealth. Bayer NeuroBehavioral Center is utilizing a secure HIPAA-compliant platform for video-conferencing. Instructions are on our website, and your provider will explain how to use it. You will receive an email invitation to join the video-conference meeting.

There are some risks that may accompany video-conferencing or email. One risk is miscommunication resulting from equipment limitations or internet problems, which may not be under the control of you or your provider. There are risks of transmitting information through the internet which may include a breach of confidential information or theft of personal information.

To benefit the most from your telehealth session, please note the following:

- Please approach this appointment as you would approach any other professional appointment. Be awake and alert and dressed appropriately. No driving while in session.
- It is important to be in a quiet and private space without distractions.
- It is also important to use a secure internet connection, rather than public/ free wifi.
- Recording is not allowed without prior permission from the other person(s).
- You must use a webcam, smartphone or tablet.
- All who are present must identify themselves to the provider and be in view of the camera

In the event of a technology failure, your provider will call you to help troubleshoot. You may also contact your provider through the portal/email for further instructions.

In the event of an environmental disruption (i.e. not being in a quiet and distraction free place), your provider may determine that the quality of services he/she is trying to provide is impacted. At such time, the provider has the right to terminate the session, and such a cancellation may be considered a violation of the clinic's cancellation policy.

We will need emergency information on file (i.e. a contact person) in the event of a crisis. If the patient is a minor, we will need to know where the caregiver is during the session. Telehealth should not be used for emergency services; 911 should be called.

You will need to confirm with your insurance company that the video sessions will be covered. If they are not covered, you will be responsible for payment.

Finally, your provider may determine that telehealth is no longer appropriate due to certain circumstances and may recommend treatment only via in-person sessions.

TESTING: If your telehealth session is for the purpose of a psychological or neuropsychological evaluation, please understand that the telehealth test administration of various measures does not meet standards typically required. As a result, this may decrease the accuracy and/or interpretation of test scores, conclusions, diagnoses, and recommendations. Any limitations will be documented within the written report given to you. You have a right to forgo the evaluation and schedule an appointment at a later time when you are able to be seen in the office.

You have a right to withhold/withdraw consent to the use of telehealth during treatment, without impacting future treatment. You can revoke consent verbally or in writing.

By signing, you are acknowledging that you understand the information above and are consenting to receive telehealth services from Bayer NeuroBehavioral Center and its providers. You acknowledge that you have been given the opportunity to ask questions and clarify.

By signing below, you also attest that, under the penalty of Florida law, you will not make any copy or recording of any material provided on your screen/monitor. This includes creating screenshot or copying and pasting of any information provided on screen without permission.

Patient or Guardian Signature

Date

Patient Name

Name of Guardian if applicable