



TELEHEALTH TERMS AND CONDITIONS

The purpose of this document is to provide information regarding telehealth services within the Faculty Practice Office of Columbia Psychiatry at ColumbiaDoctors. In order to maintain care under certain circumstances, including during periods of medical center closure for any reason, our programs may offer to conduct individual sessions, group sessions, and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the therapist and patient are not in the same physical location/site through the use of various technology. This could include video sessions via telehealth software on a computer or tablet, or phone sessions.

RISKS/BENEFITS

Although the risks and benefits of telehealth are similar to those of in-person sessions, telehealth includes additional risks.

1. Although we will use secure platforms (e.g., Epic or Cisco WebEx) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information.
2. Since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic.
3. In the event of group sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting, although we will make every effort to minimize this risk.

PRIVACY AND ONLINE ETIQUETTE

1. In order to reduce risks to confidentiality, **we require that all video or telephone sessions occur in a private room with no one else present and that you wear headphones** to limit the possibility of other people overhearing confidential information. We also **require that for designated video sessions you have your camera turned on**, barring technological issues.
2. You are responsible for minimizing distractions and disruptions during your session.
 - a. If you leave the session/screen, please announce your departure and return as soon as possible.
 - b. Try to designate an appropriate location conducive to mental health treatment (e.g., at a desk or table versus a bed, consider the appropriateness of the visible background particularly for group sessions).
 - c. Please try to minimize distractions, for example not looking at cell phones, minimize ambient noise whenever possible, limit distractions from pets or ideally do not have them in the room, silence phones, etc.
 - d. Present yourself as you would for in-person sessions, which includes, for example, dressing in appropriate clothing, not engaging in any harmful behaviors during sessions and during groups minimizing exposure to stimuli that could be detrimental to the treatment of others.



Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information.
- You understand that the therapist will be at a different location from you.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- You have been given the opportunity to ask your provider at the Faculty Practice Office within Columbia Psychiatry questions relative to your Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you;
- That you fully understand its contents including the risks and benefits of telehealth services; and
- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Signature of Participant

Printed Name of Participant

Date