



Telehealth involves the use of electronic communication to enable providers from different locations to better serve the needs of Building Bridges for Brianna clients and families. Certain services are now available by interactive video communications and/or by the electronic transmission of information. This process is referred to as 'telemedicine' or 'telehealth'.

Services which may be provided via telehealth include:

- Assessment
- Evaluation
- Therapy (individual and family)

Electronic systems used include network and system security protocols to protect the confidentiality of the clients and their protected health information.

Benefits

- Improved access to care
- Efficiency of the service delivery process
- Reduced need for travel to the location of the provider

Risks

- As with any service, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:
- Information transmitted may not be sufficient to allow for appropriate decision making by the provider.
- Delays in communication due to equipment failure.
- In very rare instances, potential security protocol or technical failures causing a breach of information.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

By signing this informed consent, I understand the following:

- I have the right to withdraw my consent for the use of telehealth at any time and it will not impact my ability to receive treatment.
- The provider will be in a different location from me.
- I am in a location that provides a safe and confidential setting for the provision of the telehealth service.
- I understand that I have access to medical information resulting from the telehealth service as provided by law.
- The dissemination, storage, or retention of an identifiable participant image or other information from the telehealth service must not occur without the written informed consent of the participant or participants legally authorized representative.
- I have the right to object to the videotaping or other recording of a telehealth service.
- I will be informed if any additional staff are present other than my provider.

By signing below, I acknowledge that I have read and understand the information provided above:

I am voluntarily consenting to and authorizing to receive telehealth services.

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Signature

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Date