



MRN:
Client Name:

Policy 22-07 Attachment A: Electronic Communication Consent Form

CLIENT INFORMATION	
Client Name:	DOB:
MR#	
Provider/Program:	
<input type="checkbox"/> This provider has reviewed and updated the client’s current address, phone number, and emergency contacts.	

You have the option of sending and receiving electronic communication to and from BHRS and for attending sessions remotely [over-the-phone or via telehealth (video)]. BHRS would like to ensure that you understand the risks, benefits, limitations, and requirements of using electronic communication (including telehealth). Information gathered from electronic communication with your BHRS provider may be used for diagnosis, treatment, therapy, follow-up and/or education. Safety measures are being used to ensure that electronic communication used by BHRS is secure, though this does not eliminate all risks associated with electronic communication. Telehealth (video) and phone encounters will not be recorded without your consent.

If you are not comfortable with using electronic communication or seeing a provider via videoconference technology, you may reject the use of the technology and schedule an in-person session or a traditional telephone session without video at any time, barring any restrictions related to public health or other concerns. If you would prefer in-person appointments but are facing transportation barriers, staff can assist you in exploring non-medical Medi-Cal transportation benefits that may be able to assist you in attending your in-person appointment.

Potential Benefits:

- Improved access to care by enabling a client to remain at a remote location and obtain services or information from providers at distant sites.
- Client remains closer to home where local healthcare providers can maintain continuity of care.
- Reduced need to travel for the client or other provider.



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- With Telehealth, client will be able to see and hear the provider and the provider will be able to see and hear the client, just as if they were in the same room together.
- Potential Risks and Limitations:
- There are potential risks and limitations associated with the use of electronic communication (including telehealth) which include, but may not be limited to:
 - A provider may determine that the telehealth or over-the-phone encounter does not provide sufficient information to make an appropriate clinical decision, which may require additional in-person visits.
 - Technology problems associated with remote services (over-the-phone or telehealth) may delay medical evaluation and treatment at any time.
 - In very rare instances, security protocols could fail, causing a breach of privacy of client's information. Client will be promptly notified if any security issues arise.

I understand that:

- The use of electronic communication that involves information being sent, received, or stored electronically carries a level of security risk. BHRS recommends, and in some cases requires, the use of secure (encrypted) forms of communication to minimize the security risk. I understand that this does not always guarantee or eliminate the risk of a potential breach of information.
- The County may in some cases be able to provide a HIPAA compliant and certified secure messaging platform (used through web or mobile app) for purposes of enabling client/provider private conversation. There should be no expectation from clients that secure messages exchanged on a HIPAA compliant platform will replace or should be used in lieu of seeking mental health care through an in-person (or video) or telephone visit with a mental health provider.
- The use of BHRS authorized telehealth platforms must be used for telehealth appointments as the approved platforms are HIPAA compliant and encrypted to ensure the security of my sessions with my provider.
- Text messages and emails are primarily for logistics such as appointment confirmation only. Client privacy is very important. Since text messages do not meet privacy standards, they cannot include private health information. Please



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leave any clinical details in a voicemail or wait to have a direct conversation with the provider.

- If I request that I receive texts or unencrypted emails, this carries a higher risk of a breach of security and I am accepting this risk in order to receive unencrypted electronic messages.
- Staff do not check their email, voice messages, or texts outside of their working hours and turn off their work devices when not working.
 - Staff will keep their office voicemail and cell phone greetings updated with their work schedule and time away. These greetings will include information on how I can receive urgent assistance if staff is not available.
- Staff will not be able to receive or respond to messages if they are with another client or in a meeting, driving, or engaging in other tasks that interfere with their ability to respond.
- Messages to my provider via text message, voicemail, or email are not for addressing urgent or emergency purposes. I understand that if I leave a message via electronic communication that there is no guarantee of when the provider will be able to receive and respond to the message.
- Without electronic consent, communication and continuum of care may be delayed and interrupted for client and their providers.
- If I have an emergency or urgent need, I understand that I may go to a hospital emergency room, urgent care, or contact a crisis hotline. Some local numbers that staff have provided are:
 - Psychiatric Emergency Services: _____
 - 24-Hour Crisis Line: _____

By signing or providing verbal consent of this form, I acknowledge that I have read, understood, and have discussed with my provider the risks, benefits, and limitations of each form of electronic communication, including telehealth. Specifically, that I understand that:

1. I have a right to access appointments in-person and that my use of telehealth is voluntary. My consent for the use of telehealth can be withdrawn at any time without affecting my ability to access Medi-Cal covered services in the future.



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2. I may expect the anticipated benefits from the use of electronic communication, including telehealth, in my care but that no results or specific outcomes can be guaranteed or assured.
3. The laws that protect privacy and confidentiality of medical information also apply to electronic communication, including telehealth.
4. There are risks and limitations on the use of electronic communication with my provider.

Phone

- By providing my phone number, I authorize BHRS and my treatment team to provide services over the phone, or communicate regarding appointments, resources, etc. via phone call or text, or through secured HIPAA compliant messaging in accordance with BHRS policy.
- I authorize BHRS to leave detailed voice messages in my voice mail box.

Email

- By providing my email address, I authorize BHRS and my treatment team to communicate messages regarding appointments, community resources, surveys, etc. in accordance with BHRS policy.
- I consent to sending and receiving email messages in an unencrypted format.

Telehealth

- I authorize BHRS to provide my services via Telehealth (video).

Communicating with my provider on their work cell phone

- I agree to and understand the risks and limitations of communicating with my provider on their work cell phone.



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Authorization / Signatures

The client has authorized _____ (Agency Name) to use telehealth in the course of the client’s diagnosis and treatment.

Verbal Consent:

- This form was reviewed with the client. Client has verbally confirmed understanding the information provided above regarding electronic communication, including telehealth, and all of the client’s questions have been answered. The client consents for the use of electronic communication as indicated above.

Date/Time of Verbal Consent: _____

Signature/Verbal Confirmation of Client (or authorized person)		Date/Time	
Signature of Provider Confirming that Informed Consent was Obtained		Date/Time	