



Informed Consent for Telehealth Services

Definition of Telehealth:

Telehealth involves the use of electronic communications to enable Suncoast Therapy Connections Allied Health Professionals to connect with individuals using interactive video and audio communications. The software platform that we use to deliver our services is CoviU.

Telehealth includes the practice of Allied Health Care delivery in the form of assessment, consultation, treatment, intervention, referral to resources, education, and the transfer of medical and clinical data. Allied Health services currently offering Telehealth are Occupational Therapy and Physiotherapy.

I understand that I have the following rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse and expressed threats of violence toward myself or others. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the Therapist and Suncoast Therapy Connections, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorised persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorised persons. Suncoast Therapy Connections utilises secure, encrypted audio/video transmission software to deliver telehealth with the software platform CoviU.
4. I understand that if my Therapist believes I would be better served by another form of intervention (e.g., face-to-face services), I will be offered an appointment and ongoing treatment planning discussed or offered support to source an alternative provider.
5. I understand the alternatives to Allied Health services through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my Therapist, I may be directed to "face-to-face" intervention.
6. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.
7. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my Therapist where appropriate and where advised (such as group contact or administrative/technical support). Persons within the group will all maintain confidentiality of the information obtained. I further understand that I

will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history that are personally sensitive to me, (2) ask non-clinical personnel to leave the telehealth room, and/or (3) terminate the consultation at any time.

8. I understand that my express consent is required to forward my personally identifiable information to a third party.
9. I understand that I have a right to access my clinical information held about me and copies of my case notes. Suncoast Therapy Connections policy will be followed in relation to this procedure and I will make this request in writing.
10. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based Allied Health services. If I am in crisis or in an emergency, I should immediately call 000 or seek help from a hospital or appropriate health or medical professional.

To be noted and acknowledged

Payment for Telehealth Services provided by Suncoast Therapy Connections will be invoiced or payment made in the same format as services provided face-to-face and cost will be determined by the funding body and/or Suncoast Therapy Connections current fee schedule. Costs are liable to the person receiving services if alternative funding body or insurer is not identified. Fees will be discussed prior to services commencing and a Service Agreement signed where appropriate.

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding Telehealth, have discussed it with my Therapist, and all of my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name

Date

Client's Signature

Date

Parent or Guardian Signature