



Restoring Hope, Health, and Serenity

Serenity Point Counseling

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Telehealth Addendum to Informed Consent

The purpose of this form is to demonstrate informed consent regarding the provision of telehealth between Serenity Point Counseling, LLC and _____ (patient name).

The term "telehealth" is defined as the practice of psychological health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education utilizing interactive audio and visual data communications. The patient agrees that they understand telehealth also involves the communication of medical/psychological/psychiatric information to a mental health care practitioner located in Pennsylvania. Currently, Serenity Point Counseling utilizes Therapysites as the technology platform for the delivery of telehealth services. Therapysites is a HIPAA approved technology platform as it meets the "point-to-point" standards established for protecting individual Protected Health Information (PHI). Though HIPAA compatible, patients understand that no entity can guarantee absolute security or confidentiality when it comes to digital transmissions.

As with any mental health treatment, telehealth has benefits and risks, and it is important for patients to evaluate these benefits and risks both privately and in coordination with their healthcare provider. One important benefit of telehealth is that technology provides opportunities to patients whom, for various reasons, may have difficulty attending in-person, face-to-face sessions with clinicians. Lack of access of to mental health services can be a significant barrier to treatment and telehealth alleviates significant portions of that difficulty. On the other hand, telehealth is a relatively new approach to treatment. For example, non-verbal communication may be harder to observe, facial expressions may be more difficult to interpret, and fluctuations in tone and voice may all appear altered thereby effecting the therapeutic exchange between patient and clinician. Consequently, progress in therapy may be altered or certain frustrations with technology that would not emerge in face-to-face therapy may emerge in telehealth. Should you experience any unexpected difficulties in your treatment as a result of telehealth please consult with your clinician immediately.

Patients maintain the right to withdraw their consent for telehealth services at any time without affecting their right to in-person sessions or future care that they otherwise would be entitled to. Patients understand that the same rules of confidentiality and PHI which govern in-person treatment apply to telehealth including exceptions to confidentiality outlined in the primary Serenity Point Counseling informed consent form. Patients are aware that dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities will not occur without written patient consent. Patients understand that there is no guarantee, either implicitly or explicitly, that telehealth will or will not be any more or less effective than traditional, face-to-face delivery of psychological treatment.

Patients understand that if they need of emergency mental health services that they are to contact the local emergency room or law enforcement authorities. Patients understand that they have a right to access their medical information and obtain copies of medical records utilizing the same format and rules as that established in the primary Serenity Point Counseling informed consent form.

By signing this document, the patient affirms they have read and understand the information provided.

_____ Patient Printed Name _____ Date

_____ Patient/Legal Guardian Signature

_____ Clinician Signature _____ Date