

## CONSENT FOR TELEHEALTH CONSULTATION AND TREATMENT

Patient Full Name:
Student ID:
Current Phone:

This document is an addendum to the Santa Monica College Student Health Service's standard informed consent and does not replace it. All aspects of informed consent for treatment in that document also apply to Tele Health (TH) treatment.

In California, "tele health" is defined as a method to deliver health care services using information and communication technologies to facilitate the consultation, treatment, and care management while the patient and provider are at two different sites. The two most common modes of tele health are via 1) live videoconferencing either through a personal computer with a webcam or a mobile communications device with two-way camera capability, and 2) telephone.

### **I understand that I have the following rights with respect to Tele Health:**

- 1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
- 2) The laws that protect the confidentiality of my clinical information also apply to TH.
- 3) The laws regarding limits of confidentiality and mandated reporting also apply to TH.
- 4) I understand that the same laws that give me the right to access my clinical information and copies of treatment records also apply to TH.

### **I understand the following potential benefits and risks, consequences, or limitations of Tele Health:**

- During the duration of COVID-19 global pandemic and/or the "stay at home" orders issued by state and local governments, TH provides access to care that would otherwise not be available because of restricted access to SMC.
- TH can improve access to care as geographical distances, childcare issues and transportation challenges are virtually eliminated.
- TH may not be appropriate if you are having a health emergency that requires immediate attention.
- TH may lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
- TH may have disruptions or delays in the service and quality of the technology used.

In rare cases, there are risks associated with transmitting information via technology as security protocols could fail. These risks include but are not limited to, breaches of confidentiality and theft of personal information. **I understand the following backup plan in case of technology failure:**

- The most reliable backup is a phone. Therefore, it is necessary that you always have a phone available and that your provider knows your phone number.
- If you get disconnected from a TH visit;
  - First, try to end and then restart the visit

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- If you are unable to reconnect within five minutes, your provider will call you at the phone number you provided at the outset of each visit.
- If you are unreachable at this point, please call or email to reschedule non-urgent visit.
- If your provider assesses any health or mental health emergency, they will immediately follow up with initiation of emergency services response and/or will phone your emergency contact person.

### Emergency Contact

If you are experiencing a health or mental health emergency, please call 911, or the Suicide Prevention Hotline 1-800-273-8255, or go to your nearest emergency room.

So that your provider is able to get you help in the case of an emergency, the following are important and necessary. By signing this agreement form you are acknowledging that you understand and agree to the following:

- You must inform your provider of your location at the beginning of each visit.
- You must identify a person who can be contacted in the event that your provider believes your safety is at risk.

### When receiving tele health, it is also required that you:

- Only engage in visits when you are physically in California. Your provider will ask you to confirm this at the start of each visit.
- Engage in visits only from a private location where you will not be overheard or interrupted.
- Use your own computer or device, or one that is not publicly accessible.
- You are connected on a private internet connection or are only using a public connection in conjunction with a VPN service (*at patient discretion*).
- Ensure that the computer or device you use has updated operating and anti-virus software (*at patient discretion*).
- Do not record any visits, nor will Santa Monica College Student Health Services record your visits without your written consent.

### ACKNOWLEDGEMENTS

- I acknowledge/understand the attendant risks involved with TH and voluntarily assume them.
- I have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.

Signature of patient:
Date:
Emergency Contact (Name, Relationship and Number):
Person of Support (Name, Relationship and Number) if different from above: