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Informed Consent for Telemedicine

Telehealth/Telemedicine involves the use of audio, video or other electronic communication technology to conduct your treatment by a mental health provider from a distance. Treatment includes: diagnostic evaluations, therapy sessions, consultation with other providers about your mental health information for the purpose of diagnosis, therapy, follow-up and/or education. During these Telehealth services, personal health information may be discussed through the use of interactive video and audio transmission of protected health information and images or other telecommunications technology.

The benefits of telemedicine include, but are not limited to, improved access to and continuity of care, and reduction of lost work time and travel costs. Possible risks include technical difficulties such as interruptions and unauthorized access. There is the possibility that our video or audio connection may not work, may stop working during our appointment or that the video or audio quality may not be clear enough for us to communicate effectively. If this happens, either one of us may choose to stop the session at any time. In very rare instances, the security of our online connection could fail and cause a breach of your confidential information.

It is also important to note that accessing therapy online has special risks. Meeting by video rather than in person could cause your therapist to miss important non-verbal information during your session. If you are in crisis, I may not be able to intervene or triage your care to emergency services (eg. Police, emergency medical or mental health care) as effectively as I could in person. Any of these factors could impact your quality of care.

When conducting telemedicine services, Raquel Ferns Lefebvre will use a secure connection and a HIPAA complaint platform that complies with federal health privacy laws. You can access your telemedicine session with a computer, tablet, or cell phone. Our sessions will work best if your device is connected to a reliable high-speed internet connection and you are in a quiet location free from distractions. It is important that you agree to treat online sessions like in person sessions in terms of wearing appropriate

clothing, checking in for your sessions on time and not engaging in other activities at the same time (especially activities that could cause danger like driving).

Raquel Ferns Lefebvre will send you an email with a link to connect to our session. The State of Vermont requires that clients be in Vermont during sessions. At the start of each session, you will be asked to verbally confirm your location and a back up way to communicate (phone and/or email) should our video sessions become interrupted.

If using insurance to pay for services, it is your responsibility to verify telemedicine benefits for your plan with your insurance provider. Just as with in person sessions, you are responsible for payment that your insurance does not cover.

In the State of Vermont, it is against state law for either the therapist or the client to make a recording of a telemedicine session. All other laws and regulations which apply to in person therapy sessions also apply to any sessions conducted via technology.

By signing this form you agree to the following:

You have read this form and fully understand its contents including the risks and benefits of telemedicine services.

You have had a conversation with Raquel Ferns Lefebvre during which you had the opportunity to ask questions in regard telemedicine services. Your questions have been answered and the risks, benefits and alternatives have been discussed with you in a language in which you understand.

You understand that you have the right to withhold or withdraw your consent to the use of telemedicine in the course of your care at any time, without affecting your right to future care or treatment. You may revoke your consent orally or in writing at any time by contacting me directly.

You understand that the laws that protect the confidentiality of your treatment also apply to telemedicine services. As such, I understand that the information disclosed by me during the course of my therapy 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; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

You understand that it your responsibility to verify with your insurance that your plan covers Telehealth services and it is your responsibility to inform Raquel Ferns Lefebvre if this changes.

You understand that telemedicine based services may not yield the same results nor be as complete as face-to-face service. You also understand that both your therapist and you must be in agreement about the appropriateness of telemedicine for your

treatment. Raquel Ferns Lefebvre reserves the right to refuse Telehealth services if she deems it to not be clinically appropriate for your treatment. If you want to pursue telemedicine sessions despite Raquel Ferns Lefebvre's recommendations she will provide the names of referrals.

You understand that it is illegal in the State of Vermont for you to make a recording of any kind of your telemedicine session(s).

You understand that you have a right to a copy of this form and have been offered a copy of this form.

I have read and understand the information provided above, which has also been explained to me verbally and I have discussed with Raquel Ferns Lefebvre. All of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my mental health care and authorize Raquel Ferns Lefebvre to use telemedicine in the course of my mental health diagnosis, assessment, and treatment.

Client Name (Please Print)

Date of Birth

Client Signature

Date

Provider Name (Please Print)

Provider Signature

Date