CrossPath
Counseling & Consultation

550 222nd Pl SE
Sammamish, WA 98074
Tel. 425.369.1111
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TELEHEALTH / TELEMEDICINE INFORMED CONSENT

I _____ [name of client] hereby consent to engaging in telehealth at CrossPath Counseling & Consultation as part of my therapy/treatment/services.

I understand that "telehealth" or "telemedicine" includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of medical data, and psychoeducation using interactive audio, video, and/or data communications.

I understand that, with my signed consent, telehealth may also involve the communication of my behavioral health information, both orally and visually, between staff members at Youth Eastside Services.

Technology: I understand that I will need an email account and phone number to initially set up my secure telehealth account. I understand that I will need internet connection or a smart phone device to access CrossPath's telehealth platform. I also understand that in case of technology failure, I may contact CrossPath via phone to coordinate alternative methods of treatment.

Location: I understand when participating in telehealth services, I must be at home or at a location deemed appropriate for services.

Financial Obligations: I understand that telehealth services are billed at the same rates as in-person care and my fee agreement applies to telehealth services. I understand that Washington State parity law mandates payment for medically necessary telehealth services at the same rates as in-person care under private insurance, state employee health plans, and Medicaid managed care plans. I understand that I am responsible for all fees not covered by my insurance including no-show fees.

Crisis Services: Telemedicine appointments are considered outpatient services and not intended as a substitute for emergency or crisis services. If you are experiencing a life-threatening emergency call 911 or go to the nearest hospital. For after-hours behavioral health emergencies contact Crisis Connections at 206-461-3222.

Video/Audio Recording: As a general practice CrossPath DOES NOT record telehealth sessions without prior permission.

Confidentiality: The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, threats of violence, or as a part of legal proceedings where information is requested by a court of law. 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. CrossPath's telemedicine platform is HIPAA compliant to protect client privacy and confidentiality.

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

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1. I have the right to withdraw my consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.

2. I understand that there are risks and consequences associated with telehealth including but not limited to, the possibility, despite reasonable efforts on the part of CrossPath that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.

3. I understand that I may benefit from telemedicine but that results cannot be guaranteed or assured. In addition, I understand that telehealth-based services and care may not be as complete and in-person services. I understand that if my therapist believes I would be bettered served by other interventions I may be referred to another behavioral health provider who can better meet my needs. I also understand that there are potential risks and benefits associated with any form of behavioral health treatment, and that despite my efforts and efforts of my provider, my condition may not improve, or may have the potential to get worse.

4. I understand that CrossPath may not provide telemedicine services to me if I am outside of the State of Washington, and I understand that I may access telemedicine services from CrossPath from within the State of Washington only.

5. I understand that I have a right to access my behavioral health information and copies of medical records in accordance with Washington state law.

By signing this document, I agree that certain situations including emergencies and crises are inappropriate for telehealth services. If I am in crisis or in an emergency, I should immediately call 911, go to the nearest hospital or contact Crisis Connections 206-461-3222. I understand that emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, or if I am in a life threating or emergency situation.

I have read and understand the information provided above. I have discussed telehealth with my CrossPath provider, and all of my questions have been answered to my satisfaction.

My signature below indicates my informed and willful consent to treatment using this platform.

Client Signature	Date
Parent / Guardian Signature (required if client is under 13 years old)	Date