

Texana Specialized Services Consent for Telehealth Services

Program:

Client Name:

Introduction

Telehealth involves the use of electronic communications to enable health care providers at different locations to share client information and when appropriate to remotely provide treatment for the purpose of improving client care. Telesupervision/distance supervision and distance training can also be conducted via telecommunication practices and allow for clinical supervision to be completed for specific licensing boards. Providers may include licensed behavior analyst (LBA), licensed assistant behavior analysts (LaBA), license practitioner of the healing arts (LPHA), therapy assistants, and early intervention specialists (EIS). The information may be used for assessment, treatment, supervision, mentoring, follow-up and/or education, and may include any of the following:

- Patient medical and healthcare records
- Live two-way audio and video/synchronous (client/patient interaction)
 - *COVID-19 Accommodation: telephonic communication may be approved for some services and payers*

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. The technology used to provide telehealth services will be compliant with the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). Telehealth services will comply with all Texas Medicaid and/or other funding source requirements for telehealth, as well as the licensure/practice act requirements for each provider type.

COVID-19 Accommodation: The HHS Office for Civil Rights (OCR) announced on March 17, 2020, that it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>. Additionally the US Department of Education Student Privacy Policy Office issued a March 2020 FAQ related to COVID-19 implementation and FERPA. https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf

Expected Benefits

- Improved access to treatment by enabling a client to remain in his/her home or at a remote site while the therapist observes and consults with a licensed assistant or technician at a distant/other site
- More efficient supervision practices
- Obtaining expertise of a distant specialist
- Increased opportunities for parent/guardian training opportunities in other settings as well as additional parent/guardian meetings to discuss client treatment and progress

Possible Risks

As with any procedure, there are potential risks associated with the use of telehealth and telesupervision. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of image) to allow for appropriate treatment decision making by the specialist and consultant(s)
- Delays in assessment and treatment could occur due to deficiencies or failures of the equipment

- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information
- In some situations, there may be the potential for increases in challenging behavior that could result in injury or property destruction
- *COVID-19 Accommodation: Some of the Zoom technology used at this time is not HIPAA compliant in that it does not meet the standards for providing an encrypted connection between devices (the data stream is not secure). The risks include that the audio/video, including Protected Health Information, could be intercepted. It could also be stored on Zoom's servers and be subject to negligent release or malicious attack. We do not anticipate these occurring but it can be a risk.*

By signing this form, I understand the following:

- I understand that the laws that protect privacy and the confidentiality of medical and healthcare information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to other entities without my consent.
- I understand that either party has the right to discontinue the use of telehealth services. The choice to withdraw my consent will not affect my right to future care, treatment, or program benefit. Notice must be provided in writing to the other party.
- I understand that in the event that a meeting is being recorded, both parties will be informed. I understand that I have the right to request a copy of the recording; however, additional consents may be required before a recording can be released.
- I understand that I can refuse to be recorded; I understand that I can refuse to have recording shared for training purposes.
- I understand that telehealth may involve electronic communication of my personal medical or healthcare information to other medical or healthcare practitioners who may be located in other areas.
- For clients receiving ABA services, I understand that telehealth for assessment, caregiver training, and supervision of technician staff are evidenced based. Direct ABA treatment with the child without the caregiver present is an emerging fields of research and not established evidence based practice.
- I understand that Texana Center may use some of the data collected during my telehealth sessions in research projects that will further the literature on telehealth as a treatment modality for ABA services. There are no risks associated with this research. Your consent is voluntary and may be withdrawn at any time. No protected health information will be shared in these studies; all data is confidential.

Client Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my care.

I hereby authorize Texana Center to use telehealth in the course of my treatment.

Signature for individual/LAR

Date

Signature for client supervisor

Date