

GJB Health Services
 711 North Lynndale Drive; Suite 1-A
 Appleton, WI 54914
gjbhealthservices@gmail.com
 Phone: (920) 560-4525
 Fax: (920) 560-6618

GJB Health Services
TELEHEALTH CONSENT FORM
Safer at Home Order



For Established Clients/Patients: After completing this form and signing and dating the last page (Signature page), please return the Signature Page and the first page.

Client /Patient Name		DOB	
Guardian (if applicable)			
Email Address			
Phone Number	Alternative phone number		
Physical Address			
* Emergency Contact (Name)			
Emergency Contact (Phone Number)			

- * I authorize my provider to call my emergency contact person:
- If a crisis occurs
 - If my provider fears for my safety and I am unable, or unwilling, to follow directives given to me by the provider

Signature _____

Return this form to GJB Health Services by (1) scanning and emailing it to gjbhealthservices@gmail.com or (2) taking a photo and emailing it to gjbhealthservices@gmail.com. The pages may also be faxed to (920) 560-6618 or “snail mailed” to

GJB Health Services
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Appleton, Wisconsin 54914.

The purpose of this form is to obtain consent for participation in *telehealth services (Telehealth Services are defined as Zoom Sessions or Phone Sessions)* for individual, couple or group sessions, in response to the national pandemic of coronavirus (COVID-19). It is GJB Health Services' top priority to protect the health and safety of the community, Support Team, Provider Team, patients and clients.

EXPECTED BENEFITS. Patients/Clients can access psychiatric, neurological, and mental health services during the national pandemic of coronavirus (COVID-19) in cooperation with State of Wisconsin, Governor Tony Evers' *Safer at Home* Order and the Centers for Disease Control's recommended healthcare guidelines.

ELECTRONIC COMMUNICATIONS STATEMENT: There is no additional cost to patients/clients to utilize Teletherapy (Zoom or Phone) platforms *from GJB Health Services*. Be aware that any financial balance for user costs such as internet connectivity, devices, or device plans will be the responsibility of each client/patient. Providers will not record sessions nor retain any written transcript of sessions. The same is asked of patients/clients, unless written consent is obtained (Couple's sessions and group sessions may not be recorded).

NATURE OF TELEHEALTH SERVICES. Services involve the use of electronic communications (by Zoom Session or by Phone Session) between healthcare providers and their patients/clients. These sessions will be used for (1) Obtaining psychiatric and psychological history information and/or (2) Conducting individual, couple or group therapy sessions. These sessions will be live and will use interactive video, audio, and/or telecommunication technology.

- A. GJB Health Services utilizes *Zoom.us*. Providers will:
 - (1) Create appointments using their professional Zoom accounts and
 - (2) Provide clients/patients a link via email to the video appointment

- B. Clients/Patients are responsible for:
 - (1) Accessing their email to locate links and Meeting IDs for sessions
 - (2) Following automatic prompts and provider instructions

POSSIBLE RISKS AND/OR DIFFICULTIES IN TELEHEALTH SERVICES:

Risks include, but may not be limited to:

- A. Technology (usually strength of the Wi-Fi connection) may not be adequate to allow for optimal communication (For Example poor resolution of video). If this occurs, the session will be converted to a Telephone Session.

B. In rare instances, security protocols could fail, causing a breach of privacy leading to inadvertent disclosure of personal or medical information. GJB Health Services uses only Zoom Sessions which have long been HIPAA compliant. Zoom has recently updated their safety features to include the requirement of a password which is embedded in the email link and a waiting room feature, which allows the provider to control who has access to session. Nobody can enter a session without the provider admitting them to the session.

C. It is recommended that electronic devices are fully charged, and backup devices are available.

MENTAL HEALTH/MEDICAL INFORMATION & RECORDS. All existing laws regarding access to medical or mental health information and copies of medical records also apply to telehealth services. Additionally, dissemination of any client/patient-identifiable information for telehealth interaction to researchers or other entities shall not occur without the express written consent of the client/patient.

PAYMENT FOR TELETHERAPY SERVICES. The fees and billing process for telehealth sessions are identical to in-person appointments in our office. It is the responsibility of clients/patients check with their health insurance company to determine if Zoom and Telephone Sessions will be allowed. Some restrictions may apply.

MISSED APPOINTMENT / LATE CANCELTION POLICY. The existing GJB Health Services attendance policy is applicable to teletherapy services. Rescheduling or canceling individual or couple's sessions must be done at least 24 hours prior to the scheduled appointment to avoid incurring a **\$150.00 fee**. The fee for late cancellation or no-showing for a group session is **\$50.00**.

EMERGENCIES & CRISES: The assessment and evaluation of threats and other emergencies are more difficult for providers to determine during teletherapy. If a life-threatening emergency is experienced, **please call 911 or the suicide prevention hotline (920) 832-4646 / (800) 719-4418 or go to the nearest emergency room. Please call the provider back after emergency services are obtained. If it's outside normal office hours, dial (920) 560-4525 and ask the answering service to patch the call through to Dr. Gerald Bannasch (He will notify the provider of developments).**

IF TELEHEALTH SESSIONS ARE INTERRUPTED BY TECHNOLOGICAL ISSUES. If sessions are interrupted for any reason, such as the technological connection fails, clients/patients should call the provider back immediately. If the provider doesn't receive a call back within 5 minutes, they will attempt to contact the client/patient. If connection cannot be reestablished via phone, and if there is no concern regarding safety for the provider, the Support Team will call within one business day to reschedule the appointment. If safety is a concern, the provider will call the emergency contact person.

CONFIDENTIALITY. Reasonable and appropriate efforts are made to eliminate any confidentiality risks associated with telehealth services. All existing confidentiality protections under Federal and Wisconsin State Laws apply to information disclosed during telehealth services. Teletherapy takes place outside the traditional therapy setting and the potential for outsiders to overhear sessions is possible if patients/clients are not in private settings.

PRIVACY: It is essential that patients/clients utilize private settings for sessions and eliminate interruptions, where possible.

- Please be sure to protect the privacy of sessions on cellphone or other devices via passwords and encrypted internet connection.

RIGHTS. The client/patient may withhold or withdraw consent to telehealth services at any time without affecting their right to future care or treatment and without risking the loss or withdrawal of any program benefits to which they would otherwise be entitled.

DISPUTES. The client/patient agrees that any dispute arising from the telehealth services will be resolved in Wisconsin, and that Wisconsin State Laws shall apply to all disputes.

I understand and agree with the following points:

1. I understand that my healthcare provider wishes me to engage in a telehealth services during the national pandemic. It is understood that sessions will not be recorded without my pre-approved written authorization. I agree to not record sessions without the specific permission of my provider. Recording of group or couple's sessions is not allowed.
2. I understand that I will not be in the same room as my health care provider during the telehealth session.
3. I understand there are potential risks due to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider, or I, can discontinue telehealth service if it is believed that the telehealth method is not adequate/appropriate for the situation.
4. I understand that reasonable steps will be taken to prevent technology disruptions and disruptions due to disturbances in the home of the provider. I will take precautions regarding disruptions at my location.
5. In an emergent situation, I understand that it is the responsibility of my provider to contact appropriate community support (emergency contact person, 911, ambulance, etc.) if it is believed that I am a clear and present danger to myself (or to someone else), and I am unwilling, or unable, to comply with directives given by my provider.

6. I understand that my provider's responsibility will conclude upon the termination of the video or telephone session.
7. I understand that Zoom Sessions and Phone Sessions fees are the same cost as their corresponding regular sessions would be in GJB Health Services' office.
8. I agree to contact the GJB Health Services' main office, at (920) 560-4525, immediately after my session to pay for the session (including any co-payments, co-insurance payments and/or estimated deductible payments).
- 9. I understand that for individual or couple telehealth sessions, the regular rate of \$150.00 will continue to apply if I fail to keep my appointment, or if I cancel my appointment with less than 24 hours' notice. For group sessions, the fee is \$50.00.**

The following apply only to Virtual Group Sessions:

10. I agree to notify my provider 24 hours in advance if I am unable to keep my appointment for a group session. If I fail to show up for the group session, or cancel with less than 24 hours' notice, I agree to pay \$50.00.
11. To avoid disrupting the group process, I will make every effort to be on time. After the first session, if I am more than 5 minutes late in entering the group session, I understand that the group leader(s) reserve(s) the right to not admit me to the group session. I will be charged the \$50.00 late fee for the session. We cannot bill your insurance for a session that you do not attend.
12. I understand that group members will not be allowed to exchange identifying information, including the use of last names, to avoid unwanted, or inappropriate, contact between group members. Attempting to contact another group member will be grounds for disallowing my continued participation in the virtual group sessions.
13. I will not record Group Sessions and agree to hold in strictest confidence what is discussed in sessions.

Signature Page

By signing this form, I certify:

- I agree for myself or my child to participate in telehealth services. Children aged 14 and older must also sign this form.
- I have read this form and fully understand its contents including the risks and benefits of participation in telehealth. If I have any questions, I understand that I can call the main office and my questions will be answered to my satisfaction.
- As restrictions change, there may be other alternatives which may be available; I will be notified when this occurs.

Client/Patient (Children 14 or older must sign)

Date

Parent/Guardian

Date

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Please save, or print, pages 2 - 5 and keep them with you for reference