

Informed Consent for Telecare

This Informed Consent for telecare contains important information concerning engaging in electronic medicine and therapy including, but not limited to, telehealth, tele-diagnostics, remote coaching, psychotherapy and teletherapy. Please read this carefully and let me know if you have any questions. This consent shall only apply to clients physically within the Commonwealth of Kentucky seeking therapeutic treatment within the Commonwealth of Kentucky. The informed consent attached to this policy shall be signed in conjunction with the appropriate Heuser Hearing Institute enrollment packet and patient agreement and authorization forms.

Please know that provisions for telecare may be temporarily modified during emergencies such as viral surges like the COVID-19 Pandemic. The policies and procedures below are to be adhered to whenever telecare has been mandated as an appropriate intervention, whether that be short term for emergencies or long term because it is an approved standard for care.

BENEFITS OF TELECARE

Telecare is the remote provision of telemedicine or teletherapy which uses telecommunication devices such as video conferencing or telephones. One of the benefits of telecare is that the client and therapist can engage in services without being in the same physical location. This could be helpful in ensuring continuity of care if the client or provider were to relocate. It can also increase convenience and efficiency for both parties.

RISKS OF TELECARE

- Although there are benefits to telecare, there are some fundamental differences and inherent risks between in-person care and remote care.
- Because telecare sessions may take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. HHI and your clinician will take reasonable steps to ensure the privacy and security of your information, but it is important for you to review your own security measures. You should participate in therapy while in a room or area that is private and does not allow for information to be overheard by a third party.
- There are risks inherent in the use of technology for therapy, such as the potential for technology to fail during a session, the potential that transmission of confidential information could be interrupted by unauthorized parties, or the potential for electronically stored information to be accessed by unauthorized parties.
- As a general rule, patients who may be in crisis should not engage in telecare. HHI has an emergency response plan to address potential crises that may arise during the course of telecare. The emergency plan is designated to those receiving psychotherapy as other clinical services at HHI would refer for a psychotherapy evaluation/consultation and would not rely upon their specified clinical training to determine when to refer or if a patient were in crisis.
- While most research has failed to demonstrate that telecare is less effective than in-person care, it is reasonable to believe that non-verbal information is processed less efficiently. This opinion is shared by some experienced professionals, particularly in healthcare fields dependent upon clear communication, as is the case with all Heuser Hearing Institute services. If either party has concerns about misunderstandings, we agree to discuss them immediately, ideally within the telecare session that the miscommunication occurs.

ELECTRONIC COMMUNICATIONS

We will use the most appropriate platform(s) for all telecare services. Telecare will be in compliance with American Counseling Association's Ethics Code guidance on Distance Counseling, Colorado Department of Regulatory Agencies' Teletherapy Policy, manufacturer driven policy, insurance-driven policy, state and federal mandate, and state and federal mandate as it relates to emergent provisions for telecare. A copy of the appropriate guideline is available upon request.

You will have specific system requirements to access telecare. You are solely responsible for any cost to you to obtain the necessary equipment, including hardware, software or accessories. For communication between sessions, please use the secure, agreed-upon method. For all communication that is not patient-centered care, please communicate with Heuser Hearing Institute at (502) 584-3573 for front office or billing offices. You may contact your directly via email or text for canceling or rescheduling appointments. HHI cannot guarantee the confidentiality of any information communicated by email or text. Therefore, we will not include any patient-specific clinical material or private information by email or text. We prefer that you follow the same guidelines.

If the session cuts out, meaning the technological connection fails, and you are having an emergency, please call 911, the National Suicide Hotline at (800) 273-TALK (8255), or go to your nearest emergency room. Please let us know once you have received emergency services.

If the session cuts out and you are not having an emergency, disconnect from the session. Your clinician will wait two (2) minutes and then re-contact you via the chosen platform. If problems persist, your clinician will contact you to reschedule. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

BILLING

Insurance & Fees

At this time, we are approved by most insurance companies to bill insurance for telecare services. Regardless, we want you to understand your insurance coverage for these services. Your insurance policy is a contract between you, your employer (if applicable) and the insurance company. Heuser

Hearing Institute is not a party to that contract. We will do our best to collect reimbursement from your insurance company for telecare services rendered that are approved by insurance for telecare. We will not bill your insurance for an excluded service. In general, the same rates for in-person diagnostics and therapeutic intervention apply to telecare; however, some insurances may have exclusions or additional inclusions during viral surges. Your clinician will cover fees with you; however, you should contact your insurance to know exact coverages.

Self-Pay Services:

HHI accepts self-pay for telecare services. The rate for a speech therapy session is \$50.00 for 30 minutes or \$75.00 for 45 minutes. For payment plans, please notify our billing office by phone or email: (502)-371-9910; llocke@thehearinginstitute.org. For other services, payment plans must be set up by the providing clinician and approved by billing. Please be aware that you may arrange for payment over the phone or you may choose to use our online payment portal. In order to be seen for subsequent telecare sessions, payments are due by the end of business each week. Online payment will be accepted by going to: <https://quickclick.com/r/3qu13>

Attendance Policy

Regular attendance and punctuality are essential to the progress person will make in therapy. Heuser Hearing Institute understands that unforeseen circumstances cannot always be avoided. Attendance for in-person and in-office care is the same for most specialties. Because the opportunity for telecare for speech services has been broadened in response to the COVID-19 pandemic, their attendance policy is detailed below. Once the pandemic is over, telecare for speech diagnostics and therapy will return to in-person visits per the expected mandates.

Your speech-language therapy provider will schedule your child's appointment(s) with you. If you know you will be unavailable for a scheduled appointment, please notify your provider prior to you're the appointment time

- If you no show with no attempt of notification more than three times, your child will be removed from your provider's schedule ("No show" refers to an absence in which the provider was not notified prior to the appointment time).

- Heuser Hearing Institute expects your child to attend/participate in 80% of all scheduled sessions in order for your child to make consistent progress.
- Providers can be reached via their personal cell phone (voice call or text) or via email
- Providers will adhere to this attendance policy as well, so if your clinician is planning to be unavailable, you will be notified prior to the appointment time.
- You must contact your provider if you have any difficulty (technology/unexpected circumstance) that results in a late start to your child's service. Your provider will contact you if she encounters any difficulty. If your provider is available, she or he may be able to accommodate a late start to your child's service
- Regular attendance and punctuality are essential to the progress a person will make in therapy. Family participation also contributes to patient carry-over and prognosis for discharge. Parents must be in attendance for the duration of the scheduled teletherapy session. Sessions will include time to discuss patient progress and recommended home practice. All services will be completed within the designated time slot unless otherwise discussed prior to the session. By signing below, you are accepting the terms of these policies.

Acknowledgment of Consent:

- I acknowledge and understand that risks include the possibility of technical problems, which may result in poor quality or disconnection for the virtual visit, as well as the possibility of a security breach without appropriate protections. To help mitigate security risks, it is recommended that you take steps to protect your personal device and data including using a secure WiFi network with password and using videoconferencing platform with end to end encryption to participate in virtual visits.
- I acknowledge understanding that Heuser hearing Institute is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service via virtual technology
- I acknowledge understanding that I am responsible for the cost of technology associated with receiving speech-language therapy services through teletherapy (i.e., data/internet plan, personal device, etc.)
- Heuser Hearing Institute ensures that your provider will maintain the same licensure/certification and apply the same standard of care that has been provided to you or your child during in-person visits.

This agreement is supplemental to my general informed consent and does not amend any of the terms of that agreement.

I, _____, the client, having been fully informed of the risks and benefits of telecare; the security measures in place, which include procedures for emergency situations; the fees associated with telecare; the technological requirements needed to engage in telecare; and all other information provided in this informed consent, agree to and understand the procedures and policies set forth.

- I have read and understand the above policies
- I choose to OPT OUT of teletherapy services at this time
- I choose to OPT IN for teletherapy services at this time and I want you to bill my insurance
- I choose to OPT IN for teletherapy services at this time and agree to pay privately at the agreed-upon rates listed above.

Signature of Client

Date

Telemedicine Informed Consent

Patient Name: _____ DOB: _____ Client Location: _____

Provider Name: _____ Provider Location: _____

Introduction

You are going to have a clinical visit using videoconferencing technology. You will be able to see and hear the provider and they will be able to see and hear you, just as if you were in the same room. The information may be used for diagnosis, therapy, follow-up or education.

Expected Benefits:

- Improved access to care by enabling you to remain in contact within the facility and obtain services from providers at distant sites.
- You remain closer to home where local health care providers can maintain continuity of care.
- Reduced need to travel for both you and the provider.

The Process:

You will be introduced to the provider and anyone else who is in the room with the provider. You may ask questions of the provider or any telemedicine staff in the room with you, if you are unsure of what is happening. If you are not comfortable with seeing a provider on videoconference technology, you may reject the use of the technology and schedule a traditional face-to-face encounter at any time. Safety measures are being implemented to ensure that this videoconference is secure, and no part of the encounter will be recorded without your written consent. The encounter will be documented by the provider and entered into the electronic record, in the same way as if the encounter was face-to-face.

Possible risks:

There are potential risks associated with the use of telemedicine which include, but may not be limited to:

- A provider may determine that the telemedicine encounter is not yielding sufficient information to make an appropriate clinical decision.
- Technology problems may delay medical evaluation and treatment, could fail during a session, be interrupted by unauthorized parties, or stored information could be accessed by unauthorized parties.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information or general loss of confidentiality related to third parties overhearing a session if not completed in a secure environment, or theft of private, stored data.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I can expect that my privacy, confidentiality and healthcare information be protected, but criminal, third-party breach, cannot be assured but will be protected against to the extent possible per Heuser procedure and technology protocol.
3. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

4. I also understand that if the provider believes I would be better served by a traditional face-to-face encounter, they may, at any time stop the telehealth visit and schedule a face-to-face visit.
5. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

Patient Consent to the Use of Telemedicine

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

Signature of Client (or parent/guardian): _____ Date: _____

Witness: _____ Date: _____