



RECOVERY RESOURCES

Partners in health. Partners in hope.

Recovery Resources Client Information and Consent for Services via Video and Telephone

Introduction

When feasible, Recovery Resources is offering services, including, but not limited to, mental health, substance use, psychiatry, and primary care services, using telephone calls and interactive videoconferencing technology. Under Ohio law, interactive videoconferencing is the use of secure, real-time audiovisual communications that permits accurate and meaningful interaction between client and provider (not including methods of communication such as telephone calls, email, or fax). Services via telephone is the use of audio communication without visual content.

Potential benefits of using videoconferencing technology and services via telephone calls

- Increased access to services.
- Client convenience.
- You can expect benefits from participating in services through interactive videoconferencing technology and/or telephone calls, but no results can be guaranteed or assured.

Potential risks when using videoconferencing technology and telephone calls

There may be potential risks associated with the use of videoconferencing technology and services via telephone calls. These risks include, but may not be limited to:

- Information transmitted may not be sufficient to allow for appropriate decision making regarding your service or treatment by your provider.
- There is a possibility that the transmission of information could be disrupted or distorted by technical failures in transmission.
- Your provider may not be able to provide service or treatment to you using telephone calls or interactive electronic equipment nor provide for or arrange for emergency care that you may require.
- Delays in service or treatment may occur due to deficiencies or failures of equipment.
- Security protocols can fail, causing a breach of privacy of your confidential information.
- A lack of access to all the information that might be available in a face-to-face visit but not in a phone call or videoconferencing session may result in errors in judgment regarding your service or treatment.
- Your service or treatment may not be as complete as a face-to-face service or treatment.

Alternatives to the use of videoconferencing technology and phone calls

- Traditional face-to-face sessions in your provider's office or in the community, if available.
- Telephone appointments may be a back up to services through videoconferencing, if available.

Standards required for sessions utilizing videoconferencing technology and telephone calls

- Both your location and the provider location are considered private treatment rooms, regardless of a room's intended use, for the duration of the session and no unauthorized access is permitted.
- Both locations are appropriately chosen to provide audio and visual privacy.
- You and the provider will take every precaution to ensure the privacy of the session and your confidentiality. Prior to the session, both you and the provider will disclose who is present at each location. Your permission will be obtained for any visitors or other providers to be present during the session.

- When you choose to utilize videoconferencing or telephone calls at a site that is not arranged for by the provider, e.g., at your home or that of a family or friend, neither the provider nor Recovery Resources is responsible for any breach of confidentiality caused by individuals present at that site. If you use communication equipment that is not provided by Recovery Resources, we cannot guarantee that it will meet equipment standards or be sufficient to permit accurate and meaningful interactive videoconferencing or telephone interactions.
- The provider has the right to withhold or withdraw his/her consent for the use of videoconferencing technology or services via telephone during the course of your service or treatment at any time.

Crisis Situations

In the event of a crisis, if your behavioral health specialist is not on site with you during the session, please contact Mobile Crisis at (216) 623-6888 or dial 9-1-1.

My Rights

- I understand that the laws that protect the privacy and confidentiality of my health information also apply during the use of videoconferencing technology and telephone calls.
- My provider will inform me if any other person can hear or see any part of our session at the provider’s location before the session begins.
- I have the right to withhold or withdraw my consent to the use of videoconferencing technology or services via telephone calls during the course of my service or treatment at any time. I understand that my withdrawal of consent will not affect any future service or treatment.
- I understand that the all rules and regulations which apply to the provision of mental health and/or substance use services in the state of Ohio also apply to mental health and/or substance use services provided through videoconferencing technology or telephone calls.
- I understand that my provider will not record any of our videoconferencing sessions or telephone calls without my prior written consent.

My Responsibilities

- I will not record any videoconferencing sessions or telephone calls without prior written consent from my provider.
- I will inform my provider if any other person can hear or see any part of our session at my location before the session begins. I am responsible for the privacy of communications at my location.
- I understand that a third-party may be required to join in the meeting with my provider and me to provide technical support if the provider’s equipment is not functioning properly. I understand that I may be asked to interact with the technical support person on camera in order to fix a problem. I understand that if I decline this request and the equipment is rendered unusable for videoconferencing or telephone calls, I may forfeit my option to use videoconferencing technology or telephone calls for this session.

Consent to the use of videoconferencing technology and services via telephone calls

I have read and understand the information provided above regarding the use of videoconferencing technology and telephone calls, have discussed it with my provider and all of my questions have been answered to my satisfaction. I hereby give my informed consent for services with the use of videoconferencing technology and telephone calls.

Date: _____

First and Last Name: _____

Date of Birth: _____

Signature of Client (or person authorized to sign for Client): _____

If authorized signer, relationship to Client: _____