Telehealth
(Video Teleconferencing)

Athans and Associates, Ltd.
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INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES

We are able to interact with you using video teleconferencing (online digital evaluation). According to Illinois statute (225 ILCS 150/) Telehealth Act, ""Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance Code."

Our telehealth visits include 2-way, live interactive communication synchronized with digital video. We use a HIPAA compliant program for video teleconferencing which includes a Business Associate Agreement, however, you should know that there is an unlikely risk of possible access of information occurring during service delivery. We will take reasonable steps to safeguard this confidential information. The telehealth conferencing will not be recorded on our side, and we encourage you to also not to record the events in order to minimize risk. We will maintain a record of our session in the same way that we maintain records of in-person sessions in accordance with our policies. We will teleconference in our private offices or in a setting which is clearly private. We also encourage you to be in a private, quiet room free from distractions and other people.

Billing documentation will reflect the type of telecommunication technology used, services provided, and the fee structure related.

Many insurance companies are now covering these services, however, you are reminded that payment of benefits by your insurance is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Because you hold the insurance policy, you are responsible for checking benefits, copays, etc. with your insurance company. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider. If you chose to pay privately, or insurance does not cover the service, our fee is $120 for a 30-minute videoconference, $180 for 45 minutes, and $240 for 53 minutes. Please note that currently telephone-only conferences are not covered by insurance plans and are at the expense of the patient.

Telehealth should not be used for emergency medical or mental health needs. In emergency situations call 911 and give them your location or go to the nearest emergency room.

This agreement is intended as a supplement to the general informed consent and Provider-Patient Agreement that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

I understand and agree to the above Informed Consent: _____
Name (Printed)

_____ _____ _____
Witness Date Signature

_____
Signature
(Recipients 12 years old and older must sign)

☐ **Insurance waiver:** I will **NOT** be using insurance. _____ _____
Signature Date