



## Electronic Service Delivery Informed Consent

Electronic Service Delivery (ESD) and telebehavioral health are the delivery of behavioral health services where the provider and client are not in the same physical location and use interactive technologies (audio, video, and/or other electronic communications). The interactive technologies used in ESD and telebehavioral health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional and unintentional corruption. Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional and unintentional corruption.

ESD and telebehavioral health services are provided with technology (including but not limited to video, phone, text, apps, and email) and may not involve in-person communication. There are benefits and limitations to this service. You will need access to, and familiarity with the appropriate technology in order to participate in this form of service delivery. The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means.

I \_\_\_\_\_ a resident of the state of \_\_\_\_\_ agree to participate in technology-based consultation and behavioral healthcare-related information exchanges with Karen Kruzan, LISW-S, a behavioral health provider. I agree to waive my right to only use encrypted communication methods, and I understand the risks associated with non-encrypted communications. This agreement further means that I authorize information related to my medical and behavioral health to be electronically transmitted in the form of images and data through email, text, apps, and/or an interactive video connection to and from the above named provider. It may also mean that my private health information is transmitted from my provider's mobile device to my own or from my device to that of my provider via an "application" ("app").

As a client receiving behavioral health services through ESD and telebehavioral health technologies, I understand that a variety of alternative methods of behavioral healthcare may be available to me, and that I am free to choose one of those. I acknowledge the need to own a computer with the capabilities to transmit information via the means chosen.

My provider has explained to me the advantages and disadvantages of choosing ESD and telebehavioral health, and I have had the opportunity to have my questions answered.

I confirm that I will only be using my own equipment to communicate and not equipment owned by someone else, and specifically not using my employer's computer or network. I am aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

I understand that I will be informed of the identities of all parties present during the session or who have access to my personal health information and of the purpose for such individuals to have this access.

My provider has explained how the telebehavioral health sessions are performed and how it will be used for treatment. She has also explained how these sessions may differ from in-person sessions, including but not limited to emotional reactions that may be generated or impacted by the technology. I understand that Karen Kruzan’s response time will not be immediate and may be more than 24 hours when communicating via text, e-mail, voice mail, and apps. I agree to follow the emergency options outlined below if I need an immediate response.

I understand that my provider will not be physically in my presence. Instead we will see and hear each other electronically, and information I enter in an app will be transmitted electronically to and from my provider and me. Regardless of the sophistication of current technologies, some information my provider would typically get via in-person sessions, may not be available in telebehavioral health sessions. I understand that such “missing” information could, in some situations, make it more difficult for my provider to understand my situation and to help me reach my goals.

I understand that ESD and telebehavioral health are relatively new delivery methods for psychotherapy, in an area not yet fully validated by research and may have potential risks that are not yet fully recognized. Among the risks presently recognized are the possibility that the technology will fail before or during a session, that the transmission will be unclear or inadequate, and/or that the information will be intercepted by an unauthorized person or persons. To minimize the risk of another person using my technological devices and pretending to be me, the following actions will be taken:

I will ensure that the devices I use are password protected and that I am the only person in possession of the password; and/or

I will use the following password with each electronic communication with Karen Kruzan; and/or

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Other: \_\_\_\_\_

While ESD and telebehavioral health allow for greater convenience in service delivery, Karen Kruzan and I will regularly assess the appropriateness of continuing the use of the technologies we have agreed upon, and modify our plan as needed.

If a need for direct, in-person services arises, it is my responsibility to contact providers in my area. Three options are:

1. 9-1-1 in the event of a life-threatening situation
2. \_\_\_\_\_
3. \_\_\_\_\_

I can also contact Karen Kruzan to request an in-person session, and I understand that an opening might not be immediately available.

There may be times when it is necessary to communicate by other means. These are my preferred methods of communication based on the situation:

Emergency: \_\_\_\_\_

Disruption in technology: \_\_\_\_\_

Routine administrative reasons: \_\_\_\_\_

I understand that at any time a session can be stopped either by me or my provider. I further understand that I do not have to answer any question that I believe is inappropriate or whose answer I do not want others present to hear, that any refusal to participate in ESD or telebehavioral health will not affect my continued treatment and that no action will be taken against me.

My communications exchanged with Karen Kruzan will be stored according to in K<sup>2</sup> Organizing, LLC policies, and I have received a copy. I understand that it is my responsibility to maintain privacy on my end of the communication. I will take the following actions to ensure that my communications are directed only to my provider or other designated people:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the laws and professional standards that apply to in-person behavioral services also apply to ESD and telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Karen Kruzan, LISW-S  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date