



PORTLAND DBT INSTITUTE, INC
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TELEHEALTH INFORMED CONSENT STATEMENT & OFFICE POLICY

The following statement answers some important and frequently asked questions concerning our use of telehealth services at Portland DBT Institute (PDBTI). In order to maintain care under certain circumstances, including during periods of office closure for any reason, PDBTI may offer to conduct individual sessions, group sessions, and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the therapist and patient are not in the same physical location/site through the use of various technology. This could include video sessions via telehealth software on a computer or tablet, or phone sessions.

Risks and Benefits of Telehealth Sessions

Generally speaking, the risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however. First, although we will use secure platforms (e.g., Zoom) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Second, since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible. Third, in the event of group sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting.

In order to reduce risks to confidentiality, we suggest that all video or telephone sessions occur in a private room with no one else present and that you wear headphones to limit the possibility of other people overhearing confidential information. In group video sessions, you have the option to turn off your camera so that others may not see you.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information
- You understand that the therapist/assessor will be at a different location from you.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.

- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- You have been given the opportunity to ask your provider at PDBTI questions relative to your Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you;
- That you fully understand its contents including the risks and benefits of telehealth services;
and
- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Signature of Client

Date

Printed Name of Client

Signature of Person Obtaining Consent

Date

Name of Person Obtaining Consent

