



## Consent for Electronic Communication (Telehealth & Email) APIA Behavioral Health Services

### Telehealth

Telehealth services are provided for easy access to our behavioral health services. Telehealth and video therapy sessions allow you to get the care you need-when, where and how you need it. Telehealth service is not required and is only used if it is a good fit with the provider and patient.

If you are concerned about covid-19, or just want the convenience of staying at home, we can provide telehealth care to patients in **Atka, Nikolski, Saint George, Unalaska/Dutch Harbor and Anchorage.**

#### To access telehealth services:

A quiet, private location is the most beneficial. APIA telehealth services use CERNER ZOOM to connect patients using a device, such as a smart phone, tablet or computer with video. We use ZOOM through CERNER, an electronic secure platform.

Prior to the first appointment, the APIA front desk staff will contact the patient by email or phone with directions on how to use CERNER ZOOM telehealth services for the first appointment. A link will be sent that is unique to the patient and can be used at each appointment.

A valid email address is needed for the purpose of scheduling and generating an appointment with a device. Emails are not a secure form of transmitting information and should be used just for the purposes of scheduling and not to share sensitive information with your provider.

Internet service (usage) fees are not covered by insurance or APIA.

Telehealth services may also be provided through a landline telephone.

Telehealth services are subject to the following:

- Telehealth services are not the same as an in-person visit, as you will not be in the same room as your provider. If your provider decides that telehealth is not a good fit for you or your situation, the provider may choose to end the session and request an in-person session at a later date.
- Telehealth services will be scheduled in advance.
- Telehealth services provided through a device should be accessed through a safe and secure connection. Be sure to use a device that is in a confidential or private area and always fully close all online counseling sessions when they are complete.
- Telehealth services may also include ways to talk with your provider, such as posting of notes or chat logs during the session. This information may be printed by your provider, and if so, it will be treated as confidential.

- If telehealth services cannot be done due to technical issues, you should immediately contact your provider by telephone or email them to schedule a new session.
- Telehealth services are not appropriate for emergency situations.
- Some videoconferencing services may retain certain personal information for its users. This could include user contacts and addresses, and other personal information you provide to the service. You should review the privacy policy for the internet service provider if you have any questions about the confidentiality of such information.

**Telehealth Consent**

- Using telehealth services is entirely voluntary and will not impact the quality of care you receive from the organization should you decide not to use these services.

Aleutian Pribilof Islands Association, Inc. (APIA) is not liable for any claims and/or damages arising from following:

- i. Interruption in the ability to conduct telehealth services due to technical difficulties, technical maintenance, or system failure.
- ii. Access by friends, family members or other third parties who may enter the room on the client side during telehealth sessions.
- iii. Breaches of privacy and security due to the fault of the third-party videoconferencing provider (such as Zoom, Skype, Vidyo, etc.).

- By signing below, you consent to the conditions described herein and agree to adhere to the policies set forth above, as well as any other guidelines that the Organization may impose for using electronic communications.

**Date:** \_\_\_\_\_

**I would like my telehealth invite to be sent to:** \_\_\_\_\_  
(provide email address above)

**Patient Name (Type or Print):** \_\_\_\_\_

**I have access to a device, such as a smart phone, tablet or computer with a camera in a secure location.**  
 **Yes**      **No**

**Patient Signature:** \_\_\_\_\_

## Email

E-mail communication is a convenience and not appropriate for all circumstances.

Please remember the following:

Emails are not to be used for emergencies or time-sensitive issues. In case of emergency, please dial 911.

- Emails are not to be used as a therapy session.
- When we send you an email, or you send us an email, the information that is sent is not always be encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.

In their latest modification to the HIPAA Privacy Rule, the federal government provided guidance on email and HIPAA. The information is available on the U.S. Department of Health and Human Services website at <https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>.

The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.

## UNENCRYPTED EMAIL

**Please check one**

**I understand the risks of unencrypted email and do hereby give permission to APIA to send me personal health information via unencrypted email.**

**I do not wish to receive personal health information via email.**

\_\_\_\_\_  
**Patient name (please print)**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Signature (parent or guardian if patient is a minor)**

\_\_\_\_\_  
**Date**