**Richard J Pines, DO**

5593 N Glenwood St

Garden City, ID 83714

208-322-5354

As we navigate through the COVID-19 pandemic, our office will be temporarily closed for face-to-face appointments. Your appointment will be temporarily conducted through telehealth. For the telehealth appointment, you will need a computer or a device such as a smartphone, with good internet connection, a webcam and speakers. Please make sure our office has a current phone number and your email as you will receive an email with all the information you will need to reach your provider for your telehealth appointment.

This document is intended to inform you about telehealth practices, risks and benefits. Telehealth means the mode of delivering your mental health services via technology assisted media such as but not limited to telephone or synchronous video conferencing.

# Possible Risks:

# As with any medical procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

# In rare cases, information transmitted may not be sufficient (ie. Poor resolution of images) to allow for appropriate medical decision making

# Appointment delays due to failure of the equipment

# In very rare instances, security protocols could fail though our office still is upholding HIPAA standards

# Your Responsibilities for Confidentiality and TeleHealth

Please consider what information you are communicating and through what devices and their security. If we are conducting your visit via synchronous video it is your responsibility to choose a secure location for the call. Please be aware that family, friends, employers, coworkers, strangers and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleHealth sessions or keep any such recordings on any devices.

# Equipment Needed and Expectations

1. You will need at minimum a bandwidth connection of 384 kb or higher.
2. Minimum resolution of 640x360 at 30 frames per second.
3. Operational web camera (HD 1080p is recommended).
4. Proper lighting and seating to ensure a clear image of each party’s face.
5. Dress and environment appropriate to an in-office visit.
6. Only agreed upon participants will be present.

**In Case of Technology Failure**

During a TeleHealth session we may encounter technological failure. If this happens during a session we will try to reestablish connection through another platform. If it appears that this is not possible the most reliable back up plan is to contact one another via telephone. Please make sure you have a phone with you and that I have your phone number.

If for some reason we are on a phone session and we get disconnected please call me back or contact me to schedule another session.

If we lose connection and are not able to reach one another and you are in a crisis, please call the suicide prevention line at 208-398-4357, or call 911 or go to your local emergency room.

Crisis Planning Information

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Location of TeleHealth Sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to TeleHealth Treatment

I agree to receive Tele Health services and have been informed of the risks and benefits and limitations surrounding TeleMental Health.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification.

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Signature of Patient or parent if patient is a minor: Date