

Acknowledgment and Consent for Telehealth Services

The University is offering the ability for certain campus units and departments to provide me with telehealth services. Telehealth services involve the use of electronic remote web services to provide patients, clients, and other constituents with the continuity of health and wellness consultation.

Benefits of Telehealth Services

Benefits of telehealth services include continued access to health and wellness consultation as Appalachian transitions to online services, as well as a reduced need to travel to campus locations for services. Furthermore, telehealth services allot healthcare providers and wellness consultants with the ability to provide services to a larger population remotely while preserving limited resources for others in immediate need of in-person care for emergency treatment or consultation.

Risk of Telehealth Services

As with any medical or wellness consultation there are risks associated with the use of telehealth services. These risks may include:

- Delays in diagnosis and treatment and/or misdiagnosis and mistreatment;
- An increased risk of disclosure of personal health information or other confidential personal data; or
- Potential exposure to personal health information or other confidential personal data due to network security breaches from bad actors.

Appalachian has incorporated the [Zoom for Healthcare](#) platform for its delivery and administration of video conferencing for telehealth services. [Zoom for Health Care](#) is compliant with the Health Insurance Portability and Accountability Act (HIPAA) and provides the University with the ability to implement technical and administrative safeguards to secure and encrypt data that is transmitted through the platform, even in instances when the telehealth services being provided are not regulated by HIPAA. For more privacy information, please visit [Zoom for Health Care HIPAA Compliance Guide](#).

Despite the University's best efforts of utilizing a secure platform, implementing sound professional judgment and ethical standards, and executing data privacy procedures to deliver telehealth services, the University cannot guarantee that unlawful access or disclosure of my personal identifiable information, or personal health information in applicable instances, will not be compromised or acquired through unauthorized access or disclosure.

Acknowledgment

By signing this document and participating in telehealth services I understand and acknowledge that:

- I am voluntarily agreeing to participate in Appalachian's telehealth services;
- I understand the aforementioned statements in this document and that there are known and unknown risks involved with using Appalachian's telehealth services;
- I may have a medical or wellness problem which may require additional medical attention and that telehealth services may not be adequate to meet such needs;
- Telehealth services are not a substitute for emergency or life-threatening health care services and that I am responsible for seeking such treatment, if needed; and
- I may withhold or withdraw consent to telehealth services at any time without affecting my right of future care or treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. However, I do understand that in certain instances, such as during a global communicable disease pandemic, due to mandates or recommendations prescribed by federal and state authorities I may not be able to receive certain health and wellness consultation services by other means, such as in-person care.

To the fullest extent of the law, by signing this document, I am assuming all risks, including but not limited to the aforementioned statements, associated with my participation in telehealth services.

Consent

I hereby authorize the following Appalachian department/unit to provide me with telehealth services in the course of my health or wellness consultation and/or treatment and/or diagnosis:

Counseling for Faculty and Staff.

(Appalachian Department/Unit Performing Telehealth Services)

I understand that this is a legal document. I certify that I am at least eighteen (18) years of age and I am authorized and have capacity and competency to sign this Acknowledgment and Consent form. I have read both pages (i.e., the first and second page) of this Acknowledgment and Consent form and I understand I am bound by its content. Furthermore, I acknowledge that I am agreeing to accept telehealth services without any inducement and intend for my participation to serve as a confirmation of my complete and unconditional acceptance of receiving telehealth services. If patient is younger than 18 years of age, then the minor's parent or legal guardian must also sign where indicated below.

Name of Patient: _____ **Date:** _____

Signature of Patient: _____



Parent Name and Signature (if Patient is under 18 years old)

Name of Parent: _____ **Date:** _____

Signature of Parent: _____