

SAMPLE TELEHEALTH CONSENT AND STATEMENT OF UNDERSTANDING
Part 1

I, _____ (*Employee*) hereby consent to engage in Telehealth online assessments and clinical evaluations with Substance Abuse Professional (SAP), _____ (*SAP Counselor's name and license*).

By signing this form, I understand and agree to the following:

1. I have a right to confidentiality regarding my treatment and related communications via Telehealth under the same laws that protect the confidentiality of my treatment information during in-person assessments. The same mandatory and permissive exceptions to confidentiality outlined in the *Statement of Understanding for (insert company name) Employees with a DOT Rule Violation and Key Information* I received from my SAP or reviewed verbally with my SAP also applies to my Telehealth services.
2. I understand that there are risks associated with participating in Telehealth including, but not limited to: the possibility, despite reasonable efforts and safeguards on the part of my SAP that my assessments and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.
3. I understand that miscommunication between myself and my SAP may occur via Telehealth and that I am responsible for seeking clarification and insuring I am compliant with SAP treatment recommendations.
4. I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
5. I understand that I must use a computer or tablet, as cell phones lack the extra level of security protection required for confidential counseling.
6. I understand that at the beginning of each Telehealth session my SAP is required to verify my full name and current location.

Full Name:

Current Location:

SAP's Signature

SAMPLE TELEHEALTH CONSENT AND STATEMENT OF UNDERSTANDING
Part 2

1. I understand that in some instances Telehealth may not provide the same outcomes as in-person appointments. I understand that if my SAP believes I would be better served by in-person appointments, my SAP can require this.
2. I understand that some Telehealth platforms allow for video or audio recordings. I further understand that while SAP assessments require both audio and visual, neither I nor my SAP may record the sessions without the other party's written permission.
3. I understand that, if an emergency arises while in a telehealth meeting, my SAP will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my SAP may not be able to assist me in an emergency. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

I understand that my SAP is required to document an emergency contact, geographically close to my location, and provide a phone number for the emergency contact:

Emergency Contact: Police Emergency Phone: 911

I have read and understand the information provided above, have discussed it with my SAP and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

Employee's Signature Date

Employee's Printed Name

Verbal Consent Obtained

SAP Counselor reviewed Telehealth Consent Form with employee. Employee understands and agrees to the above advisements and has verbally consented to receiving SAP services from their SAP via audio-visual Telehealth.