



Children's National™



THE HSC HEALTH CARE SYSTEM

The HSC Outpatient Center

Consent to Tele-Health Services at HSC Pediatric Center

1. I _____ [print name of parent], authorize and voluntarily consent to the participation and treatment of _____ [print name of patient] in a telemedicine consultation and/or treatment with The HSC-Pediatric Center. All existing laws regarding my personal access to my medical and mental health information and copy of my medical and/or mental health record still apply. I understand that all State and Federal Confidentiality protections apply to Tele- Health services.
2. I understand that as a participating patient, my clinician and I will communicate by interactive television (videoconferencing) with health care professionals at The HSC-Pediatric Center. I understand that medicine/therapy is not an exact science and there are no guarantees that can be made regarding outcomes and results of these examinations and treatments.
3. It has been explained to me how the video conferencing technology will be used to conduct a visit. I understand that this visit will not be the same as an in-person visit due to the fact that my child will not be in the same room as the healthcare provider at the distant site.
4. I understand either I or my clinician may decide that telemedicine services are not adequate for our needs, and I can withdraw consent for telemedicine services at any time. My clinician will work with me to either transition to in-person visits, or refer me to a provider that can better meet my needs.
5. I further understand that there are potential risks to telemedicine, including but not limited to, interruptions, unauthorized access and technical difficulties. I agree to speak with HSC Pediatric Center Behavioral Health staff from a location that provides me with privacy and is of my choosing (home preferred) to discuss our medical and/or behavioral health needs. I will choose a location to the best of my ability with reliable internet/Wi-Fi access and have sufficient battery and/or power access for the duration of the visit to reduce the risk of technological issues. If I am unable to do so, I will discuss this with my clinician so we can come up with a different plan. If there are technological difficulties, I agree not to hold my provider or HSC Pediatric Center responsible for any adverse outcomes related to such failures.
6. I understand it may be necessary for others to be present during the visit other than my child's healthcare team and provider in order to operate the video equipment. These individuals are bound to maintain confidentiality of all information obtained. I further understand that I have the right to request the following when nonmedical personnel are present to: (1) omit specific details of my child's medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the examination room; and/or (3) terminate the visit at any time.
7. During my child's telemedicine visit, I understand that the responsibility of the telemedicine healthcare provider concludes upon the termination of the video conference connection and The HSC-Pediatric Center is not responsible for the actions of the distant site.
8. There is no permanent video or voice recording kept during the tele-health sessions. Any interview, tape, film or photograph made of my child will be used for medical purposes and

maintained by The HSC-Pediatric Center as confidential medical records, consistent with Federal and State law.

9. By signing this consent, I authorize my physician/therapist to release any relevant medical information, pertaining to my child's medical condition and medical care to HSC-Pediatric Center, its physicians/therapists and healthcare professionals. I also authorize The HSC-Pediatric Center, or its physicians/therapist, to release any and all information to my insurance company or any other agent that may be responsible for paying my medical bills.
10. I understand that I am responsible for any financial obligations or costs associated to use of internet/equipment/services/phone used for the purpose of tele-medicine services. I also understand that reimbursement of tele-health services varies by insurance carrier and plan, and that I am responsible for any fees associated to services not covered by my insurance.
11. I understand that I have the right to withdraw my consent at any time. If at any time I am not satisfied with the services rendered, I may file a complaint with the Children's National Medical Center Ombudsman team.
12. I have read (or have had read to me) this document carefully, and hereby consent to participate in the telehealth consultation/services under the terms described above. I have had the opportunity to ask questions, and have had my questions answered to my satisfaction.

The following was read to the patient's parent or legal guardian and verbal consent was provided.

I am consenting to Telemedicine Consultation and/or treatment with the Children's National Hospital ("Children's National"). I understand that as a participating patient, my physician and I will communicate by interactive television (videoconferencing) with physicians, mental health providers, and health care professionals at Children's National. I understand that medicine is not an exact science and there are no guarantees that can be made regarding outcomes and results of these examinations and treatments. I understand that in very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

I also understand, Children's National will submit bills for any related Telemedicine Services to my insurance carrier; **and** may bill me for non-covered services depending on my insurance coverage.

*This consent is given on behalf of _____ [print name of patient] because the patient is a minor or has been determined to be incompetent to give medical consent.

*Verbal Consent obtained from: _____ Date _____

Signature of Parent/Legal Guardian Relationship to Patient Date

*Witness' Signature Print Witness' Name Date

* = mandatory field

Service Provided via this consent: Physical Therapy Occupational Therapy Speech Therapy

OPED/AT Feeding and Swallowing Program Psych/Behavioral Health



**HSC Pediatric Center's Tele-Health Services:
COVID-19 and Tele-Medicine
Information and Frequently Asked Questions**

HSC Pediatric Center understands that during times of economic, health, family, or social crises, such as the current COVID-19 pandemic, that many people experience increased levels of anxiety and distress. This can be even more difficult for those with pre-existing mental health related diagnoses. We are dedicated to supporting and providing continuous, and safe mental health care for our patients and their families.

The CDC and DC Department of Health have issued statements and recommendations for health care providers and hospitals to minimize the risk of exposure to COVID-19. The DC Department of Health specifically, has recommended that ALL elective medical procedures, non-urgent hospital and outpatient visits, and non-urgent dental procedures be postponed for the following reasons:

- 1) Reduce risk of exposure to COVID-19, and therefore slowing the spread or transmission of the disease
- 2) Reduce the risk of severe illness or death by those already infected with COVID-19
- 3) Preserve the resources, supplies, and functioning of our health care system so they are better equipped to manage those that are affected
- 4) Protect our healthcare personnel, allowing them to continue providing medical care for those in need

There is no current guarantee or guidance on exactly how long these recommendations may last and we believe that prolonging mental health care carries great risks. Instead of postponing, or deferring mental health treatment until we can provide in-person appointments again, we would like to provide the same or increased services you have now, through tele-medicine.

Please note, that during this COVID-19 pandemic, many community mental health clinics and outpatient medical clinics have adopted similar policies as ours. We are keeping up to date with the progression of the COVID-19 pandemic, CDC, and local government guidelines and regulations for health care facilities, which may lead to changes in policies regarding your treatment, and will keep you updated. We at The HSC-Pediatric Center hope to continue to meet your family's health care needs services during this time by moving toward a tele-health service delivery model.

Frequently Asked Questions about Tele-Health Services

What is Tele-Medicine or Tele-Health Services?

Tele-medicine and Tele-Health services are the delivery of health services remotely through the use of real-time audio and visual technology over a secure tele-conferencing platform. These health services include, but are not limited to: professional consultation, diagnostic clinical assessment, medication management with electronic prescribing, education/counseling, parent training, and/or individual or family-based therapy. Your provider will work with your family to determine the

frequency and duration of appointments, type of service provided via tele-health, and providing prescriptions, based upon your individual clinical needs.

How do I know if a Tele-Health format is for me?

It is up to you and your provider to determine if and when telemedicine is a clinically appropriate delivery of service based on your individual needs. Likewise, your provider may also reserve the right to terminate or transition you out of telehealth/medicine services if it is no longer clinically appropriate.

Benefits and Risks of Tele-Health Services

When faced with unforeseen or unpredictable circumstances that prevent those from being able to attend in-person appointments, Tele-Health treatment ensures delivery of continuous services. Providers will continue to follow clinical and practice guidelines, similar to that of in-person appointments to the best of their ability, in order to provide you safe, quality health care.

What are the risks of Tele- Behavioral health services? What do we do about them?

- 1) *Issues related to Technology:* *Examples include: power outage, battery life on equipment, unstable internet/Wi-Fi access, software-related issues, speakers, microphones, cameras. This can potentially lead to breaches in security, difficulty in communication between patient/client and their clinician. We ask that you are able to find a location with reliable and consistent internet or secure Wi-Fi access during the time of your appointment with sufficient battery/power access for the duration of the appointment to reduce these risks. We also will have back-up plan for communication in case this happens including exchanging call-back numbers.*
- 2) *Risks to Confidentiality and Privacy:* *Because tele-medicine sessions take place outside of the therapist or doctor's office, there is potential for people to overhear sessions if you are not in a private place during the appointment. We will be sure to make reasonable steps to ensure your privacy on our end, and we ask that you also find a private place for your session where you will not be interrupted.*

Why not just do a phone session? *We believe that both audio and video are important to building and maintaining the relationship you have with your clinician. In addition, having both audio and video input allow clinicians to make a more accurate clinical assessment. Please keep in mind that audio-only (phone sessions) may not be reimbursed by your insurance company in the way that a tele-session would be – which may lead to increased cost to you.*

What happens if we get disconnected? *Sometimes the software might freeze for a few seconds, take a pause in speaking, and confirm with your provider that you can hear each other before continuing when this happens. You can use a thumbs up or thumbs down sign if the audio isn't working. If you are disconnected, provider will call you back. After two minutes, if you do not receive a tele- or phone call from them, you should call them on the number they have provided to you prior to the appointment.*

Will anyone else have access to the video sessions? Are they recorded? No, sessions are not recorded or stored. The information gathered may be documented in the electronic health record system the same way it would for an in-person appointment.

How is my health information used? Is this secure? Federal and state laws that apply to in-person appointments also apply to tele-behavioral health services. We comply with HIPAA regarding the privacy and security of your information. Please refer to our Notice of Privacy Practices regarding how we may use, access and disclose your health information.

Where in the home should we set up the tele-session? We recommend using a room (i.e. bedroom), where you can close (not lock) the door and avoid others hearing the conversation, where the parent/guardian can still be present during the appointment, when needed for supervision or for an intervention.

I'm worried people might hear me in the house, where should I go? Rooms that are very large such as a kitchen or living room, can often be more distracting to children. Medium size rooms, such as a bedroom are often the best choice since the door can be closed. Some people find it helpful to play music at the door on their phone, to create white noise, making it more difficult for those outside the door to hear the conversation you are having inside the room.

What if I change my mind and don't think tele-health is good for my child? Participation in tele-health services is voluntary. You may withdraw your consent at any time, including during a visit. If you, the child's legal guardian, withdraw your consent for sharing video during a visit, and you agree to continue the visit over telephone, you are acknowledging that the lack of a visual assessment may further impair your provider's ability to assess and treat your child.

Medication Management

If your child receives medication-assisted treatment, and the psychiatrist and you have both agreed to postpone appointments to a later date, you will need to work with your psychiatrist to create a plan to receive medication prescriptions for a duration of time sufficient until your next tele-visit, phone visit, or in-person visit.

What if we have a crisis or emergency? Your provider will work with your family to create a safety plan for any urgencies or emergencies. For our patients receiving Behavioral Health services, if your child is experiencing a psychiatric or medical emergency, or if you believe that your child may be a threat to themselves or others, you should present to your local emergency room or refer to the DC Department of Behavioral Health Emergency Psychiatry Services for urgent assessment and treatment. HSC Pediatric Outpatient Services does not provide emergency or crisis intervention services.