

# **Boston College University Health Services Informed Consent for Telehealth**

This section contains important information focusing on telehealth using the phone or the Internet. Please read this carefully, and let UHS staff know if you have any questions.

## **Benefits and Risks of Telehealth**

Telehealth refers to providing medical consultation remotely using telecommunications technologies, such as video conferencing or telephone. One of the real benefits of telehealth is that the patient and provider can engage in services without being in the same physical location.

Telehealth also may ensure continuity of care during public health emergencies in which physical distancing is advised, therefore protecting the health of the patient. Telehealth, however, requires technical competence on both our parts to be helpful.

Although there are benefits of telehealth, there are some differences between in-person evaluation and telehealth, as well as some risks. For example:

- **Risks to Confidentiality:** Because telehealth sessions take place outside of the provider's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. UHS staff will take reasonable steps to ensure your privacy. It is equally important that you make sure to find a private place for sessions where you will not be interrupted. It is also important for you to protect the privacy of sessions on your cell phone or other device. You should participate in telehealth only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues Related to Technology:** There are many ways that technology issues might impact telehealth. For example, technology may stop working during a telehealth visit, other people might be able to get access to private conversations, or stored data could be accessed by unauthorized people or companies.

## **Confidentiality**

UHS has a legal and ethical responsibility to make best efforts to protect all communications that are a part of telehealth. However, the nature of electronic communications technologies is such that UHS cannot guarantee that our communications will be kept confidential or that other people may not gain access to communications. UHS will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that electronic communications may be compromised, unsecured, or accessed by others. You should

also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth).

### **Emergencies and Technology**

If the session is interrupted for any reason, such as the technological connection fails, and you are having a life-threatening emergency and cannot wait for a call back, do not call your provider back; instead, call 911, or Boston College Police Department at 617-552-4444, or go to your nearest emergency room. Call your provider back after you have obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and wait a few minutes while your provider re-contacts you via the telehealth platform. If you do not receive a call back within a few minutes, then call our office number (617-552-3225).

### **Records**

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. UHS will maintain a record of visits in the same way it maintains records of in-person sessions in accordance with its policies.

## **AGREEMENT**

By completing the information below you are acknowledging that you have read the *Information about Informed Consent for Telehealth*, and that you agree to the conditions they describe.

Please complete this FILLABLE form, save it to your desktop/mobile device and upload it to the Health Services Portal (Agora – Other Services) under *Telehealth Consent* in the dropdown menu.

Eagle ID # \_\_\_\_\_

Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Preferred name \_\_\_\_\_

Pronouns (e.g., she, her, they, them, ze, zem, zirs, hirs)

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