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ACES INFORMED CONSENT FOR IN-PERSON AND TELE-HEALTH SERVICES

IN-PERSON SERVICES

This document contains important information about the decision (between the client/patient or legal guardian and provider) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let your provider know if you have any questions. When you sign this document, it will be an official agreement between you and your provider.

Decision to Meet Face-to-Face

You and your provider have agreed to meet in-person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, you may be required to meet via telehealth. If you have concerns about meeting through telehealth, you can talk about it first with your provider and try to address any issues. You understand that, if your provider believes it is necessary, they may determine that you return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, your provider will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue you may also need to discuss with your provider.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, your provider, your families, staff, and other clients/patients) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in your starting/returning to a telehealth arrangement. Your signature at the bottom of this consent will indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom-free.
- You will take your temperature before coming to each appointment. If it is elevated (100° Fahrenheit or more), or if you have other symptoms of illness, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you won't be charged ACES normal cancellation fee.
- You will wait in your car or outside the building, until your provider informs you that you may enter the building for your in-person appointment.
- You will wash your hands and/or use alcohol-based hand sanitizer when you enter the office.
- You will adhere to the safe-distancing precautions that are set up throughout the office. For example, you won't move chairs or sit where there are signs asking you not to sit.
- You will wear a mask in all areas of the office (Your provider and ACES staff will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your provider or ACES staff.
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.

- If you are bringing your child, you will encourage your child to follow all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to the coronavirus.
- If you have a job that exposes you to other people who are infected, you will immediately let your provider and ACES staff know.
- If your commute, other responsibilities, or activities put you in close contact with others (beyond your family), you will let your provider and ACES staff know.
- If a resident of your home tests positive for COVID-19, you will immediately let your provider and ACES staff know and you will then begin or resume treatment via telehealth.

ACES may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, you and your provider will talk about any necessary changes.

ACES Commitment to Minimize Exposure

ACES has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let your provider know if you have questions about these efforts.

If You or Your Provider Are Sick

You understand that ACES is committed to keeping you, your provider, ACES staff, and all of our families safe from the spread of this virus. If you show up for an appointment and your provider or ACES staff believe that you have a fever or other symptoms, or believe you have been exposed, your provider will have to require you to leave the office immediately. You can follow up with services by telehealth as appropriate.

If your provider or ACES staff test positive for the coronavirus, your provider will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, your provider may be required to notify local health authorities that you have been in the office. If your provider has to report this, they will only provide the minimum information necessary for local health authorities' data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that your provider may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent/business agreement that you agreed to at the start of your work with your provider.

The signature of the client/patient or legal guardian below shows that you agree to these terms and conditions.

Client / Patient / Legal Guardian Signature Date

Printed Name of Client / Patient / Legal Guardian Date

If signed by a legal representative, please indicate your relationship to the client:

⬜ Parent ⬜ Legal Guardian ⬜ Other: _____

TELEHEALTH SERVICES

Telemedicine involves the use of the remote diagnosis and treatment of clients/patients by means of telecommunications technology. Aligned Clinical and Educational Services (ACES) provides services via telemedicine with written consent and in accordance with the following:

1. I understand that my provider has offered their services via telemedicine as an alternative to in-office services. My provider has explained to me that a telemedicine visit will not be the same as an in-office visit due to the fact that I will not be in the same room as my provider. I have had the alternatives to a telemedicine consultation explained to me, and am choosing to participate in telemedicine services.
2. I agree to allow my provider to determine whether or not the condition being diagnosed and treated is appropriate for treatment via telemedicine. I understand that my provider may determine that telemedicine is no longer appropriate during the course of treatment and may recommend another method of providing services to me. I understand that there are potential risks and benefits associated with any form of behavioral health service, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even worsen.
3. I have had a direct conversation with my provider regarding telemedicine services, during which I had the opportunity to ask questions. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.
4. I agree to use telemedicine as a substitute for clinical services typically provided in-office, such as a diagnostic interview, counseling/therapy session, medication management, psychological testing, or review of test results, as my provider deems applicable.
5. I have had a direct conversation with my provider and understand that telemedicine may not be appropriate if I am experiencing a crisis, having suicidal/homicidal thoughts, severe addiction issues, or significant impulse-regulation difficulties. My provider and I have discussed a safety plan should one of these situations occur, and I am aware that I should contact 911, the National Suicide Hotline at 800-273-8255, my local Community Services Board crisis hotline, or go the nearest emergency room. I am aware of these supports if the need arises during a session with my provider or at another time when I am not actively working with my provider.
6. I agree to participate in telemedicine via a secure, HIPAA-compliant video-conferencing platform per the instructions of my provider, such as GoToMeeting, Zoom, or videophone (Sorenson, Purple, Convo). I understand that my provider will make every effort to keep all information confidential and that our session will be conducted in a private manner free of distraction. Likewise, I will also make sure I am communicating from a private location with minimal distractions and will inform my provider if someone other than myself is present in my environment. I will also limit who has access to my computer and electronic information. This would include family members, co-workers, supervisors and friends. I understand that neither my provider nor I will make visual or auditory recording of sessions unless specifically agreed upon in writing by both parties.
7. I have had a direct conversation with my provider about other methods of contacting each other should the telecommunications system fail during the session. I am aware that I may also contact my provider via patient portal messaging, which is a secure electronic messaging platform that becomes part of my clinical chart. I understand that if I need to speak with my provider between sessions, I will contact him or her via the main ACES office number: (434) 466-1588. I understand that my phone call will be returned by the next business day. Should a life-threatening crisis occur before I hear back from my provider, I agree to follow the safety plan outlined above.
8. I acknowledge that my provider and ACES will continue to uphold ethical and confidentiality practices as described per the Behavioral Health Services Informed Consent and Limits of Confidentiality form. I also acknowledge that, should I choose to utilize my health insurance benefits, ACES will communicate necessary information about my services for billing/claims as described per the Financial Information and Payment Consent form.
9. In addition to keeping patient records within a secure electronic medical records platform, I acknowledge that my provider and ACES will provide secure services via telemedicine by issuing unique, individual meeting links to

clients/patients participating in a session which may include password protection. I also understand that there are potential risks in using telecommunication technology, such as service interruptions, unauthorized access, data breaches, or technical difficulties. I agree to hold my provider and ACES harmless of fault in the case of loss of information due to technical failures.

10. I understand that, although being trained in the use of telecommunications technologies, should technical difficulties arise, my provider may pause the session to utilize ACES staff member(s) in an effort to troubleshoot and/or reestablish the connection. I further understand that all ACES staff members will maintain my confidentiality and I will be informed of their presence and thus will have the right to request that (1) the ACES staff member to leave the telemedicine room and/or (2) the session be terminated.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of telemedicine services.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I consent to receiving telemedicine services from my provider.

Client / Patient / Legal Guardian Signature Date

Printed Name of Client / Patient / Legal Guardian Date

If signed by a legal representative, please indicate your relationship to the client:

⬜ Parent ⬜ Legal Guardian ⬜ Other: _____