

Macomb County Community Mental Health Informed Consent for Telehealth Services

Name of Individual Served: _____

Provider: _____

I agree to receive services using “Telehealth” technology, which means that some people will be interacting with me using video conference on a secure connection.

All of the following are true:

1. I have agreed to receive treatment from the Provider listed above.
2. The Provider has explained to me how the Telehealth technology will be used, and that it will not be the same as if we were in the same room together.
3. I understand that there are some risks to using video technology to get services from my Provider, including the risk that there could be interruptions, unauthorized access or technical difficulties. I understand that either my Provider or I can stop the Telehealth session at any time if either of us feels that the video connection is not clear enough, or for any other reason.
4. I understand that people may be in the room with my Provider during the Telehealth session in order to help operate video or other equipment. My Provider will tell me if any person is in the room with them during the Telehealth session. **I understand that any such person may hear my health information during the Telehealth session. This could include information about sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), communicable diseases and serious communicable diseases and infections, information about behavioral and mental health services, and treatment for alcohol and/or drug abuse. Any person who is in the room with my Provider will be required to maintain confidentiality of any information they may hear during the Telehealth session. I agree to disclose any of my health information, including the information specified above, in the presence of such individuals during the Telehealth session, UNLESS I decide to do any of the following (which is my right):**
 - a. Request at any time before or during the Telehealth session not to talk about certain information;

- b. Request at any time before or during the Telehealth session that non-Providers leave the Telehealth session; or
 - c. End the Telehealth session.
5. I understand that Telehealth Services will not be recorded (audio or video) by my Provider.
 6. I understand that my Provider will not withhold other services from me if I decide that I do not want to receive Telehealth Services anymore.
 7. My Provider has discussed alternatives to Telehealth with me, and I am voluntarily choosing to receive services using Telehealth.
 8. My Provider had a direct conversation with me in a language that I understand about the risks and benefits of Telehealth and about alternatives to Telehealth. During this conversation, I had the chance to ask questions about Telehealth and any other concerns that I had. My Provider answered my questions fully.
 9. I agree that:
 - I have read or had this form read or explained to me.
 - I understand what this form says, including the information about the risks and benefits of using Telehealth technology.
 - I have been given a chance to ask questions.
 - All of my questions about Telehealth have been fully answered.

Individual Served/parent/guardian

Date

Staff that reviewed this form with the
Individual Served/parent/guardian

Date

Non-Discrimination and Accessibility

In providing behavioral healthcare services, Macomb County Community Mental Health complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Macomb County Community Mental Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

MCCMH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

MCCMH provides free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Macomb County Community Mental Health Access Center at 1-855-996-2264.

If you believe that MCCMH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MCCMH Ombudsman at 22550 Hall Road, Clinton Township, MI 48036, 586-469-7795.

If you are a person who is deaf or hard of hearing, you may contact MCCMH at 1-800-649-3777 or MI Relay Service at 711 to request their assistance in connecting you to MCCMH. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, the MCCMH Ombudsman is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

- English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-2264.
- Albanian:** KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi 1-855-996-2264.
- Arabic:** 1-855-996-2264 تنبيه: إذا كنت تتحدث العربية فإن خدمة الترجمة متوفرة لك مجاناً فقط إتصل على الرقم
- Bengali:** দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ। কল 1-855-996-2264.
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-996-2264.
- German:** Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie 1-855-996-2264.
- Italian:** Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-855-996-2264.
- Japanese:** 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できます。を呼び出す) 1-855-996-2264.
- Korean:** 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화1-855-996-2264.

