

## INFORMED CONSENT OF GUARDIAN FOR TELEHEALTH SERVICES

This Informed Consent for Telehealth contains important information about the nature of services offered via telehealth. This information is intended to supplement the primary informed consent document (CFS 415 Consent for Ordinary and Routine Medical and Dental Care and CFS 431-1 Consent of Guardian to Mental Health Treatment).

As the legal custodian/guardian of \_\_\_\_\_, a minor whose birthdate is \_\_\_\_\_, I am authorized to act, pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, on behalf of the individual minor in making health care decisions, and I hereby consent and authorize \_\_\_\_\_ to provide services as described in the primary informed consent to the above named minor via telehealth using \_\_\_\_\_.  
(specify what method will be used, such as WebEx, Zoom, Apple FaceTime, Skype, etc.)

### **Nature of Services**

“Telehealth” means the evaluation, diagnosis, or interpretation of electronically transmitted minor-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. Telehealth includes the delivery of health care services via an audio and video system (e.g., WebEx, Zoom, Apple FaceTime, Skype) permitting two-way, live interactive communication between the minor and the health care provider.

### **Benefits and Risks Specific to Telehealth**

The use of telehealth to provide medical and mental health services comes with specific benefits and risks. Specifically, it enables continuity of care when it is not possible or practical for the minor to receive in-person services. Convenience and access to care are benefits of utilizing telehealth. However, relying on technology while providing medical and mental health services comes with certain risks, including unexpected technical failure and potential unauthorized third-party access to information. Further, minors who choose to receive services via telehealth while physically located in non-traditional or home-based treatment settings may experience varying outcomes.

### **Clinical Appropriateness of Telehealth Services**

Receipt of services via telehealth is voluntary. While most individuals benefit from treatment, no provider can guarantee improvement because each minor responds differently to treatment. Not every minor may benefit from services provided via telehealth. Questions about treatment should be discussed with the provider whenever they arise.

### **Confidentiality**

The provider will take all reasonable steps to ensure the minor's privacy. However, it is important for the minor to find a private place for the session where the minor will not be overheard or interrupted. It is also important for the minor to protect the privacy of the minor's session on their cell phone or other device. Minors should use secure (not public) Wi-Fi only and should have updated virus protection on the device that is being used. Minors should participate in treatment only while in a room or area where other unauthorized 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 session, other people might be able to obtain access to the private conversation, or stored data could be accessed by unauthorized people or companies. The provider will work directly with the minor and caregiver to address issues if technology fails and will seek additional consents if necessary.

The provider will make best efforts to protect all communications that are a part of the telehealth session. However, the nature of electronic communications technology is such that no one can guarantee that certain communications will be kept confidential or that other unauthorized people may not gain access to the telehealth communications. Telehealth services will be provided using an encrypted method approved under the Health Insurance Portability Accountability Act (HIPAA) whenever possible. However, if the minor does not possess the technology to receive services using that method, services may be offered using a less secure third-party method including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype. Please be advised that these third-party applications potentially introduce privacy risks. The minor and the provider should both enable all available encryption and privacy modes when using such applications.

### **Records**

The telehealth sessions shall not be recorded in any way unless previously agreed to in writing by mutual consent.

**Informed Consent**

This Agreement is a supplement to the primary informed consent and does not amend any of the terms of that consent. They are intended to be read together.

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I retain the right to revoke this authorization with written notice to the above-named provider prior to the expiration date. This authorization is valid until the minor is released from the specified treatment and/or procedure, or until June 1, 2020, whichever date is earlier.

Date \_\_\_\_\_

\_\_\_\_\_  
DCFS Guardianship Administrator

Witness \_\_\_\_\_

By \_\_\_\_\_

Authorized Agent

Address: \_\_\_\_\_

\_\_\_\_\_

cc: \_\_\_\_\_

(Service Office)

Telephone: \_\_\_\_\_

(8:30 a.m.-5:00 p.m.)

\_\_\_\_\_  
(Evenings, Weekends, Holidays)

**NOTE: THE CONSENT OF MINOR 12 YEARS OF AGE OR OLDER IS ALSO REQUIRED**

SIGNED: \_\_\_\_\_

(Signature of person 12 years of age or older)

DATE: \_\_\_\_\_

Distribution:    One copy to MH Provider    One to Case Record    One to Substitute Caregiver    One to Minor (if 12 years or older)