



Washington State law (RCW 18.134.050) requires your provider to obtain informed consent before delivering services via telehealth. Audio-only consent must be renewed annually per RCW 74.09.325. Please read and sign before your first telehealth appointment.

1 WHAT IS TELEHEALTH?

Telehealth means the delivery of health care services using interactive audio-video technology (video call), audio-only technology (phone), or other telecommunications technology, enabling a patient to consult with a provider at a different location. Backcountry Mental Health uses telehealth to provide psychiatric and behavioral health services across Washington State.

2 TECHNOLOGY USED

Services may be delivered via:

- Secure, HIPAA-compliant video platform (e.g., Doxy.me)
- Audio-only telephone when clinically appropriate and when video is not feasible

Required on your end: a smartphone, tablet, or computer with a camera and microphone; reliable internet; and a private, quiet location.

3 RISKS AND LIMITATIONS OF TELEHEALTH

Telehealth services may have the following limitations compared to in-person care:

- Technology failures (internet outages, audio/video quality issues) may disrupt the session
- Some aspects of a physical examination cannot be performed remotely
- Audio-only visits have additional limitations in assessing non-verbal cues
- Telehealth may not be appropriate for all clinical situations (e.g., severe psychiatric crises)
- Privacy in your environment is your responsibility — please use a private location
- Electronic records and transmissions carry a small risk of unauthorized access despite security measures

4 YOUR RESPONSIBILITIES DURING TELEHEALTH VISITS

- Be in a private, quiet location free from interruptions
- Be located within Washington State during each telehealth visit (required by law)
- Have a phone available as a backup if video technology fails
- Ensure reliable internet or cellular connectivity before your appointment
- Do not record sessions without your provider's written consent

5 EMERGENCY PROCEDURES

Telehealth providers cannot dispatch emergency services to your location. If you experience a psychiatric or medical emergency during a session:

- Call 911 immediately or have someone call on your behalf
- Go to your nearest emergency room
- Call or text 988 (Suicide & Crisis Lifeline) for mental health crises
- Call the Crisis Connections 24-hour line: 866-427-4747 (King County) or 1-800-737-0617 (statewide)

Please provide your provider with your current address at the start of each session.

Your current address at time of appointment:

City / State:



6 CONFIDENTIALITY OF TELEHEALTH SESSIONS

Telehealth sessions are subject to the same confidentiality protections as in-person care. Your provider uses HIPAA-compliant technology with encryption. Sessions are NOT recorded without your explicit written consent. You are responsible for ensuring privacy on your end (e.g., using headphones, closing doors, ensuring others cannot overhear).

7 PRESCRIBING VIA TELEHEALTH

Washington State and federal law permit prescribing of most medications, including controlled substances, via telehealth subject to applicable DEA and state regulations. Current DEA telemedicine flexibilities are in effect through December 31, 2026. Your provider will inform you of any changes in prescribing rules that affect your care.

8 YOUR RIGHTS REGARDING TELEHEALTH

- You may request to be seen in person at any time if clinically appropriate and available
- You may withdraw consent for telehealth at any time without affecting your right to care
- You may request that certain services be provided in person rather than via telehealth
- You have the right to know the identity and credentials of all providers delivering your telehealth care

9 AUDIO-ONLY TELEHEALTH CONSENT (ANNUAL – RCW 74.09.325)

Washington law requires separate consent for audio-only (phone) telehealth services, which must be renewed every 12 months. By initialing below, you consent to audio-only telehealth services when clinically appropriate and when video is unavailable.

Patient initials for audio-only consent: _____ Date: _____

This audio-only consent expires 12 months from the date above.

10 PATIENT ACKNOWLEDGMENT & CONSENT

By signing below, I acknowledge that I have read and understand this Informed Consent for Telehealth Services. I have had the opportunity to ask questions. I voluntarily consent to receive psychiatric and behavioral health services via telehealth as described. I understand I may withdraw this consent at any time.

Patient / Guardian Signature

Printed Name

Date

If signed by a parent, guardian, or legal representative:

Relationship to Patient

Legal Basis for Authorization