
IDEA Telehealth Response to COVID-19 Memo

IDEA is committed to protecting the health and wellbeing of its clients, staff and the community by adequately responding to COVID-19 concerns. IDEA is prepared to address these concerns by implementing measures based on recommendations by the CDC (Center for Disease Control), Federal and State authorities including OBH (Office of Behavioral Health).

OBH is allowing and encouraging alternative service locations and forms of delivery including Telehealth to not only help prevent the spread of the virus but also to support the continuity of services to the vulnerable populations we serve.

IDEA is implementing the use of Telehealth services using ZOOM. The Telehealth Services will allow clients to avoid any disruption to therapeutic and educational services, case management and clinical care. All IDEA services will be conducted via Video Conferencing using ZOOM.

Telehealth (also referred to as "telehealth" or "e-health") allows health care professionals to evaluate, diagnose and treat clients in remote locations using telecommunications technology. Telehealth allows patients in remote locations to access treatment expertise quickly, efficiently and without travel. Telehealth provides more efficient use of limited expert resources who can "see" clients in multiple locations wherever they are needed without leaving their facility.

Clients will be provided with the IDEA Telehealth Patient Consent form as well as a technical guide on how to access Telehealth services at IDEA using ZOOM as well as guidelines, an FAQ sheet addressing some common questions regarding the use of Telehealth as a therapeutic intervention.

For more information and updates on COVID-19 please visit:

<https://www.colorado.gov/pacific/cdphe/2019-novel-coronavirus>

For more information about ZOOM Video Conference please visit:

https://support.zoom.us/hc/en-us/articles/206175806-Top-Questions?flash_digest=8496e1f15e3e7687165b2d0b2bb8549ecc531b12

Please refer any questions comments or concerns regarding Telehealth service at IDEA to:
telehealth@ideacares.com

Thank you

IDEA Telehealth Client Guidelines

Client Name: _____

Meeting ID: _____ Password: _____

1. Download the ZOOM Videoconference app from the Apple App Store (iPhone or iPad) or Google Play Store (Android), also available at www.zoom.us for PC or MAC.
2. Install the app (its free! Creating a sign in is optional)
3. Open the App
4. Click **Join a Meeting**
5. Enter the **Meeting ID**
6. Enter the **Meeting Password**
7. Wait for Host to accept you into the group.
8. Say hello!

IDEA Telehealth Session Guidelines

- Your session must be paid in order to attend.
- You must be in a suitable room that is quiet, private, and free of distractions.
- No one else may be present during the session.
- Keep background noise to a minimum, close any doors and windows, turn off all other devices.
- Always remain in the field of vision of your device.
- You are responsible for your privacy and the privacy of others; you will not be allowed to join group from a public place.
- Any recording or misuse of the technology including screenshots will result in termination of session.

Note: Disregarding any of these guidelines will result in termination from the session.

IDEA Telehealth Session Payment Guidelines

- You must pay your session prior to joining the Telehealth Session, payment options are as follow:
 - **Online:** go to www.ideacares.com and click **PAY ONLINE**
 - **Over the phone:** Call any IDEA location and pay with a credit card over the phone (we recommend calling throughout the day to avoid a busy signal).
 - **In Person:** Pay in person at any IDEA location (Business hours subject to change)
- Clients receiving vouchers or other sources of payment must verify funding source is available at the beginning of each week.

Tech Support: telehealth@ideacares.com

IDEA TELEHEALTH PATIENT CONSENT/REFUSAL FORM

CLIENT NAME: _____ DOB: ____ / ____ / ____

EMAIL: _____ PHONE: _____

PURPOSE

The purpose of this form is to obtain your consent to participate in a Telehealth services in connection with your treatment at IDEA. Telehealth services can include but are not limited to:

- *Intake*
- *Assessment and/or Evaluation*
- *Group Sessions*
- *Individual Sessions*
- *Case Management*
- *Support Services*
- *Other services required per service contract*

NATURE OF TELEHEALTH SERVICES

During Telehealth sessions

- Details of your treatment history, diagnosis, legal history, treatment planning, monitored sobriety, may be discussed with you using interactive video, audio, and telecommunication technology.*
- Other authorized participants in the session can include:*
 - *Members of group treatment*
 - *Secondary clinician*
 - *A non-clinical technician for technical support*

CLINICAL INFORMATION & RECORDS

All existing laws regarding your access to medical information and copies of your medical records apply to these Telehealth sessions. Please note, telecommunications are not recorded and stored.

Additionally, dissemination of any patient- identifiable images or information for this telehealth interaction shall not occur without your consent.

CONFIDENTIALITY

Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth session, and all existing confidentiality protections under federal and Colorado state law apply to information disclosed during Telehealth Services.

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CLIENT RIGHTS

You may withhold or withdraw consent to the Telehealth services at any time without affecting your right to future care or treatment, or risking discharge from any program at IDEA.

DISPUTES

You agree that any dispute arising from Telehealth services received through IDEA will be resolved by following the IDEA Client grievance procedure, Colorado law shall apply to all disputes.

RISKS, CONSEQUENCES & BENEFITS

You have been advised of all the potential risks, consequences and benefits of Telehealth. IDEA has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and Telehealth services. All your questions have been answered, and you understand the written information provided above.

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- *No one else may be present during the session.*
- *Keep background noise to a minimum, close any doors and windows, turn off all other devices.*
- *Always remain in the field of vision of your device.*
- *You are responsible for your privacy and the privacy of others; you will not be allowed to join group from a public place.*
- *Any misuse of the technology including screenshots or recording will result in termination of session and may result in discharge.*

Note: Disregarding any of these guidelines will result in termination from the session.

I AGREE to participate in Telehealth services for the procedure(s) described above. I consent to communication via email exclusively regarding the scheduling of my Telehealth Sessions.

I DECLINE to participate in a Telehealth services for the procedure(s) described above. I do not consent to communication via email exclusively regarding the scheduling of my Telehealth Sessions.

SIGNATURE: _____ DATE: ____ / ____ / ____