Therabyte Telehealth Procedures Guidelines

The following guidelines are intended to help you implement appropriate procedures regarding the use of Therabyte's Telehealth Portal. The attached consent form is not legal advice and we advise you that you obtain your own legal advice. It has been prepared on behalf of Therabyte to ensure that adequate safety measures and consents are being obtained during use of our Telehealth Portal.

Given the nature of the guidance from governmental and health organizations, telehealth has become a viable option for any patients who need to continue care or who choose to continue care with healthcare practitioners while physical and social distancing procedures are in place.

Based on guidelines from the various colleges, in certain circumstances, if the nature of the therapy is critical in person consultations and therapy may be continued during the physical and social distancing protocol. Please see your own college or governing body guidelines for when and if such care can be provided. In the event that the care cannot be provided in person, telehealth can be used instead. Telehealth has traditionally been used to access clients in remote areas, to increase frequency of contact if mobility is an issue, to reduce cost or to provide access to specialized services that are not available within the region in which the client lives. Continuity of care has been added to these guidelines for practicing social or physical distancing.

Telehealth comes with a few challenges that therapists must address and Therabyte is hoping to provide some guidance in addressing those concerns as well as a means for you to obtain consent from your clients. As part of the consent procedure, a patient must be made aware of the limitation of telehealth compared to in-person session and must be informed of the specific difference in practices and risk associated with in-house care through telehealth.

We have drafted these guidelines, as there is some information that must be conveyed and/or obtained from the patient that cannot be easily done through a consent form. At Therabyte, we want to ensure that the technology is being used as safely as possible.

As part of the on-boarding of a patient onto the Telehealth Portal, certain telehealth guidelines advise that the Healthcare Practitioner set up safety protocols in the event of an emergency or an adverse event. These safety protocols would guide the telehealth practitioner and the patient in an emergency such as a heart event or an adverse event such as a fall. This information should include a personal emergency contact, and information of local first responders as well as a home address (or location where therapy is being accepted by patient). The health care practitioner should have a plan or procedure in place to follow while waiting for assistance. Additionally, it is also recommended that a healthcare practitioner obtain alternative means of communicating with the patient. i.e. a telephone number in case the Internet goes down. This information can be input into Therabyte, however it will not formally form part of the consent.

Therabyte Model Telehealth Consent Form

This Consent Form acknowledges that you have been advised about the limitations of telehealth consultations and appropriate safety and communication protocols have been discussed.

By signing this form, or providing my verbal consent to participate in a telehealth consultation session (the "**Telehealth Session**"), I consent to receiving therapy through a Telehealth Session and I acknowledge and consent to the following:

Telehealth Orientation. I have been provided with an opportunity to learn how to use the technology necessary for the provision of Telehealth Session prior to my appointment and I feel confident in using the equipment necessary.

Communication. I acknowledge that there may be delays in communication due to the nature of the technology. In the event of technology failure, the healthcare practitioner will call me back or send me another link. If we are unable to obtain a connection, the healthcare practitioner will call me over the telephone. I have provided the necessary contact information.

Safety Protocol. I acknowledge that I have provided the healthcare practitioner with emergency contact information including my physical address and an emergency contact that can assist with my care in the event of a medical emergency (such as a fall or medical event) that occurs during the session.

Use and Storage of Communications. I understand that the session is not being recorded or stored in any way. *[In the event that a session must be recorded for compliance with a specific policy or procedure, I will be advised of such recording occurring and will have the opportunity to not proceed]. (for speech language therapists)*

Confidentiality. I understand that the laws that protect privacy and personal health information also apply to telehealth. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation. The healthcare practitioner will ensure that the consultation is in a private and secure location where the session cannot be overhead by another person.

Risks. I acknowledge and agree that telehealth and conferencing technology comes with inherent risks of privacy security and that while all reasonable measures are taken to secure my personal health information, no technology interface is fully secure.

Right to Withdraw Consent. I understand that I have the right to withdraw this consent at any time, without affecting my right to future care, by providing such withdrawal of consent in writing by email or other written means. If I would like to

withdraw my consent verbally, I must do it clearly by stating the following: "I am verbally withdrawing my consent to the provision of further Telehealth Sessions."

I have been advised of all the potential risks, consequences and benefits of telehealth. My health care practitioner has discussed with me all the information provided above and I have had an opportunity to read this form and ask any questions about telehealth.

Signature: _____ Date: _____

Name: _____

Relationship to patient, if signed by representative of patient: _____

Witness: _____ Date: _____