
Informed Consent for Telehealth Services

Grey Genetics will be providing you with genetic counseling services through interactive videoconferencing equipment. **The purpose of this form is to obtain your consent to participate in a telehealth consultation for genetic counseling services.**

Telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

Benefits of telehealth include not needing to travel to a consult location; more efficient evaluation; and easier access to specialists who may not be located in your geographical area.

There are also potential **risks** with telehealth technologies:

Technical Risks

- The video connection may not work or may stop working during the consult.
- The video picture or information transmitted may not be clear.
- Wifi connectivity may affect the connection during the telehealth consult in other ways.

Risks to Confidentiality

During the telehealth consult, you will be asked about details of your medical history, including the results of any genetic testing and about your family health history. Reasonable and appropriate efforts have been made to minimize any confidentiality risks associated with the telehealth consult.

The likelihood of a videoconference being intercepted by an outsider is similar to the potential interception of a phone call. Grey Genetics only uses videoconferencing through service providers with which Grey Genetics has signed a Business Associate Agreement (BAA), as required by HIPAA. This means that these entities are also legally required to take steps to protect your confidentiality. Despite these precautions, a guarantee of security and confidentiality cannot be made.

The same laws that protect the confidentiality of an in-person consult apply to your telehealth consult. As such, the information provided by you during the course of your sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law.

Telehealth communications are not to be recorded or stored, neither by the provider of services nor by the patient. Additionally, the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without your consent.

I consent to receiving genetic counseling services through telehealth under the terms described above.

_____ (Print Name) _____ (Signature) _____ (Date)