

## Telehealth Consent Requirements and ACBHD Telehealth Consent Form

### DHCS Requirements<sup>1</sup>

Per BHIN [23-018](#), Department of Health Care Services (DHCS) requires that providers do all of the following:

- Obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services *prior to the initial delivery of covered services via telehealth* (synchronous audio *and* video) or telephone (audio only).
- Explain specific information to beneficiaries regarding the use of telehealth.
- Document in the beneficiary's medical record their verbal or written consent to receive covered services via telehealth *prior to the initial delivery of the services*.

### Obtaining Telehealth Consent

ACBH has created two options (written or verbal) for obtaining Telehealth Consent prior to initiating telehealth services. Providers can choose to utilize these tools or can use a general consent agreement that *contains all the above requirements*.

Documentation of beneficiary consent must be made available to ACBH and DHCS upon request.

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<sup>1</sup> Providers should also review guidance from the appropriate licensing boards for specific telehealth documentation and consent requirements. Providers may not alter the content of this form but may add additional information to the form as needed to comply with licensing board requirements.

## **Provider Instructions for Obtaining Verbal Telehealth Consent**

If obtaining a verbal consent, read the language below to the beneficiary, then copy/paste the information into a progress note within the beneficiary's medical record.

“Under Medi-Cal you have the option to receive services in person in a face-to-face visit or via telehealth. If you have trouble accessing in person services due to transportation, Medi-Cal provides coverage for transportation services when other resources have been reasonably exhausted. There may be limitations or risks related to receiving services via telehealth rather than in person. For example, [Add details]

If you choose to receive services via telehealth, you may change your mind at any time by letting us know. If you change your mind about using telehealth, you will still have access to Medi-Cal covered services.”

The Service Provider reviewed the ACBH Telehealth Consent Form with the member. The member understands and agrees to the above advisements. The member has verbally consented to receiving health care services from service provider via telehealth.

## **Provider Instructions for Obtaining Written Telehealth Consent**

Complete the Telehealth Consent form provided on the next page and save the signed, dated copy in the beneficiary's medical record.

## Written Consent to Participate in Services via Telehealth

1. I agree to receive health care services via telehealth from [*Service Provider's Name, License*]. I understand that:
  - a. I have the right to access Medi-Cal covered services through an in-person, face-to-face visit or through telehealth.
  - b. The use of telehealth is voluntary, and I may withdraw my consent to, or stop, receiving services through telehealth at any time without affecting my ability to access covered services in the future.
  - c. Medi-Cal provides coverage for transportation services to in-person services when other resources have been reasonably exhausted.
  - d. There may be limitations or risks related to receiving services through telehealth as compared to an in-person visit, if applicable.
2. I have read this document carefully, understand the potential limitations and risks of receiving services via telehealth, and have had my questions answered to my satisfaction.

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Beneficiary's Printed Name

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Guardian's Printed Name (if applicable)

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Beneficiary/Guardian's Signature

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Date