



INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES

Prior to starting video-conferencing telehealth services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing telehealth (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the other person(s).
- We agree to use a video-conferencing telehealth platform selected for our virtual sessions, and your therapist will explain how to use it.
- You need to have an internet connection and a computer webcam and speakers, or a smartphone in order to use video-conferencing telehealth. **WITH YOUR PERMISSION, WE ARE ABLE TO USE FACETIME OR SKYPE DURING THE COVID-19 EMERGENCY, HOWEVER THESE PLATFORMS ARE NOT HIPAA COMPLIANT.**
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your telehealth appointment, please notify your therapist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telemedicine sessions.
- You should confirm with your insurance company that the telehealth sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that telehealth may involve electronic communication of my personal information.
4. I understand that if I choose to use FACETIME OR SKYPE my telehealth is not HIPAA compliant.



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5. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured. I have read and understand the information provided above regarding telehealth, I have discussed it with my therapist and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my medical care.

Signature

Date