

BEHAVIORAL HEALTH SERVICES

320.650.1550 www.ccstcloud.org

INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES

Prior to starting video-conferencing/telephone visit services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing/telephone therapy sessions (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 the video-conferencing/telephone session platform selected for our virtual sessions, and the provider will explain how to use it.
- · You need to use a webcam or smartphone if your therapy session is through a video platform.
- It is important to be in a quiet, private space that is free of distractions (including cellphone or other devices) during a telehealth (video or phone) session.
- It is important to use a secure internet connection rather than public/free Wi-Fi for telehealth appointments.
- It is important to be on time. If you need to cancel or change your appointment, you must notify the provider 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 telehealth sessions.
- You should confirm with your insurance company that telehealth sessions (video and telephone) will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your provider, I may determine that due to certain circumstances, telehealth psychotherapy sessions are no longer appropriate
 and that we should resume our sessions in-person.

Provider Name/Signature:		
Patient Name:		
Signature of Patient/Patient's Legal Representative:		
Date:		