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INFORMED CONSENT FOR TELEHEALTH

This Informed Consent for Telehealth contains important information focusing on doing psychotherapy using a HIPAA compliant internet video conferencing platform. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telehealth

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing. One of the benefits of telehealth is that the patient and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person psychotherapy and telehealth, as well as some risks. For example:

- Risks to confidentiality. Because telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- <u>Issues related to technology</u>. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, and although unlikely, other people might be able to get access to our private conversation. The reason this is highly unlikely is that the video conferencing platform is end to end encryption, so that only you and I have access to the video conferencing when we are on it together.
- <u>Crisis management and intervention</u>. Usually, I will not engage in telehealth with clients who are currently in a crisis requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during our telehealth work.
- <u>Efficacy</u>. Most research shows that telehealth is generally as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in

the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information such as body language when working remotely.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telehealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications, as unlikely as that is given the platform we are using. I have a business agreement with the videoconferencing service to keep these sessions confidential.

Appropriateness of Telehealth

If a situation arises where an in-person session is indicated, I will arrange to see you at the practice office in person and/or ask that a colleague have a consultative session with you. If telehealth services are no longer in your best interest, we will discuss options of engaging in inperson counseling with a colleague of mine in the practice.

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, please reach out to me at my direct number.

Fees

The same fee rates will apply for telehealth as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. In Minnesota, it appears that insurers likely will cover this therapy. However, we will know if this is the case after submitting a statement for services rendered to your insurance.

ACCEPTANCE OF TELEHEALTH POLICIES AND CONSENT FOR TREATMENT VIA TELEHEALTH SERVICES:

I have read and do understand the contents of this form and agree to the policies of pursuing Telehealth psychotherapy services with my clinician, and am authorizing my clinician to begin treatment with me through a HIPAA-compliant internet video conferencing platform.

Please print, date, and sign your name bel understand the contents of this form.	ow indicating that you have read and
Client name (please print)	Date
Client signature	Date
If Applicable:	
Parent's or Legal Guardian's name (please	print) Date
Parent's or Legal Guardian's signature	Date
The signature of the clinician below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.	
Clinician's signature	Date

Please initial that you have read this page