



### MHS telehealth Informed Consent

In response to the Coronavirus pandemic MHS has moved to the provision of telehealth therapy services for those clients and modalities that it is appropriate. Please review the contents of this form which covers important information for you to consider as you begin to participate in telehealth therapy.

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. We have reduced them by using a HIPAA compliant version of ZOOM for HealthCare
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s). This includes you not recording the session on your end.
- We agree to use the ZOOM video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) 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 tele-appointment, you must notify the psychologist 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 emergency room 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 telepsychology sessions..
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

By your signature you attest that you have reviewed the above and agree to participate in telehealth therapy with MHS.

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Client Name (Print)

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Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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