



MHS  
 6600 France Ave. S., Suite 230  
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## MHS Telehealth Informed Consent

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

- 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 therapist 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 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 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.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date