

# **Telemedicine Informed Consent**

## **Highland Park Counseling Associates, LLC**

### **Introduction of Telemedicine Services:**

As a client at Highland Park Counseling Associates, LLC receiving mental health services through Telemedicine technologies, I understand:

-Telemedicine is the delivery of mental health services using interactive technologies (use of audio, video, phone, email) between a practitioner and a client who are not in the same physical location.

-The interactive technologies used in Telemedicine incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via electronic channels to the greatest degree possible. Protocols to safeguard your data and protect against intentional or unintentional corruption are updated regularly and are not immune to hacking.

### **Software Security Protocols:**

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

### **Technology Requirements:**

I understand I will need access to, and familiarity with, the appropriate technology in order to participate in the Telemedicine services.

- **Equipment needed to utilize Telemedicine platforms:**  
Desktop or laptop computer with a camera and microphone, a tablet or phone
- **Recommended:**  
Computers with updated software such as Windows 10 or Mac IOS

### **Exchange of Information:**

I understand the exchange of information and other paperwork will not be done in person and that any paperwork exchanged will be done through electronic means or through postal mail delivery.

- During Telemedicine consultations, details of my medical history and personal health information may be discussed with me or other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.
- Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

### **Local Practitioners:**

- I acknowledge that if a need for direct, in-person services arises, such as a psychiatric emergency, that it is my responsibility to contact practitioners in my area such as

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emergency rooms or other mental health crisis services (County Mobile Crisis Units) or to contact my primary care physician. Here are other crisis services:

**Crisis Resources: National Suicide Prevention Lifeline:** (800) 273-8255 24/7

#### **Ramsey County Crisis Lines:**

*Adult Mental Health Crisis Line* (651) 266-7900.

*Children's Mental Health Crisis Line* (651) 266-7878.

#### **Hennepin County mobile crisis teams:**

*Adults, 18 and older in Hennepin County. Call COPE* (612) 596-1223

*Children, ages 17 and younger, call Child Crisis* (612) 348-2233

#### **Dakota County: 24-Hour Crisis Line:** (952) 891-7171

*Adult Mental Health* (651) 554-6424

*Children's Mental Health* (952) 891-7459

#### **Washington County:**

*Call Canvas Health* (651) 777-5222, 24 hours a day, seven days a week.

#### **Anoka County Crisis Response line:** (763) 755-3801, serves both children and adults

*Adult Mental Health* (763) 324-1420

*Children's Mental Health* (763) 324-1430

**Txt4life:** text LIFE to 61222 <https://txt4life.org>

**Trans Lifeline:** (877) 565-8860 <https://www.translifeline.org>

#### **Self-Termination:**

- I may decline any Telemedicine services at any time without jeopardizing my access to future care, services, and benefits, however, if my behavioral health care practitioner is not able to offer in person, face to face services due to a national emergency such as the COVID-19 pandemic, I acknowledge that I may not be able to receive behavioral health services from my practitioner during that period of time.

#### **Benefits, Risks & Limitations of Telemental Health therapy (TMH):**

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- I recognize that Telemedicine platforms rely on technology that allows for greater convenience in service delivery. I acknowledge that there are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

### **Modification Plan:**

- I agree to regularly reassess the appropriateness of continuing to receive Telemedicine services through the use of the technologies we have agreed upon. I agree to talk with my practitioner and modify the plan as needed.

### **Emergency Protocol:**

- I understand that if an emergency situation occurs during a Telemedicine appointment, my practitioner will identify that there is an emergency and disconnect from the session in order to contact my Emergency contact, call 911 or any other necessary emergency number for assistance.

### **Disruption of Service:**

- If service during a Telemedicine session is disrupted, please log back onto the Telemedicine platform. If this disruption continues, you and your practitioner can agree to finish the session via telephone.
- As an additional form of communication, email may be utilized to briefly discuss the technology barriers and discuss a plan to meet at another time.

### **Practitioner Communication:**

- I understand my mental health practitioner will do their best to respond to routine messages within the typical 24 hour time frame on typical work days.

### **Client Communication:**

- I understand it is my responsibility to maintain a confidential and secure physical space to meet for my Telemedicine appointment. If privacy cannot be maintained throughout a session, I agree to do some problem solving with my practitioner.
- If someone enters the room when a Telemedicine appointment is occurring, I agree to discuss with my practitioner whether I am comfortable with another person being in the room during the therapy session. If not, the other person will be asked to leave the room or area.

### **Storage:**

I understand any communication exchanged with my practitioner will be stored in the electronic health record (EHR) system used at HPCA. Any paper documents will be scanned and uploaded into the EHR system and shredded immediately.

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### Laws & Standards:

- The laws and professional standards that apply to in-person behavioral health services also apply to telemedicine services. This document does not replace other agreements, contracts, or documentation of informed consent.

### Additional notes:

- It will be helpful to turn off or close down apps or notifications during your Telemedicine appointments.
- It is our goal to provide the best quality therapy via Telemedicine delivery platforms and towards that end, we will strive to have visual contact with each other unless alternative arrangements are necessary.
- Your practitioners will **not** routinely record any part of your psychotherapy session **unless** you've given them specific permission for them to do so. You are also asked to not record your Telemedicine sessions **unless** you've gotten specific permission to do so with prior agreement with your therapist .

Thank you!

### Confirmation of Agreement:

*Client Printed Name* \_\_\_\_\_

*Signature of Client or Legal Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

Printed Name of Practitioner \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_ Date \_\_\_\_\_