

Informed Consent Checklist for Telehealth Services by telephone or video-conferencing:

Prior to starting video-conferencing or phone therapy sessions, I understand and consent to the following:

- There are potential benefits and risks of video-conferencing and phone telehealth sessions (i.e. limits to confidentiality) that differ from in-person sessions
- Confidentiality still applies for telehealth, and no one will record the session without permission from the therapist and client
- We agree to use the video-conferencing platform selected for our virtual sessions, and the mental health provider will explain how to use it
- Telehealth sessions also refer to phone sessions, without a video-conferencing platform
- You will need to use a computer with webcam or a smartphone during the session, if it is by video
- It is important to be in a quiet, private space that is free from distractions 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 appointment, you must notify the mental health professional in advance by phone or email
- We need a back-up plan (i.e. phone number where you can be reached) to restart the session or reschedule it in the event of technical difficulties
- 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 telehealth appointments
- You should confirm with your insurance company that video sessions are covered by your plan. If they are not covered, you are responsible for the cost of appointments not covered by insurance.
It is the current understanding that sessions are to be covered (currently due to the pandemic, if they would not have been previously covered by all insurers)
- As your mental health provider, I may determine that due to certain circumstances, the telehealth sessions are no longer appropriate and that we should resume in-person sessions.

Provider Name: _____

Client Name: _____

Signature of Client: _____

Signature of Client's parent or legal guardian: _____

Date: _____

Safety Plan:

1. Emergency Contact: _____

2. Local Emergency Room/Hospital: _____