

INFORMED CONSENT CHECKLIST FOR TELEMENTAL HEALTH SERVICES

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g., limits to confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telemental services, and nobody will record the session without the permission from the other person(s). There is no way to guarantee that the session is 100 percent secure as with any type of technology the challenge to remain secure is fluid and ever changing.
- Maintaining HIPAA compliance, we agree to use the video-conferencing platform selected for our virtual sessions, and the provider 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 provider 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 ER 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 telemental health sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your provider, I may determine that due to certain circumstances, telemental health is no longer appropriate and that we should resume our sessions in-person. We are currently utilizing telemental due to COVID-19 in a limited capacity. Ultimately, we still maintain that face-to-face interaction optimizes patient care and our ability to provide optimal care.

Provider Name / Signature:

Client Name:

Signature of Client/Client's Legal Representative:

Date: