



Informed Consent for Telehealth Services

I, _____ (patient name), hereby consent to engage in telehealth with Northeast Youth & Family Services (NYFS) as part of my psychotherapy. I understand that telehealth includes the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio or video.

All telehealth services must be received within the state of Minnesota to comply with the laws related to confidentiality. The therapist will provide services to you from a private, confidential setting.

Not all clients will be able to utilize telehealth services. Before receiving telehealth services, the appropriateness of the service will be assessed. This assessment will include availability of technology and a private space to complete the service, level of risk, and ability to effectively participate in the service. If it is deemed telehealth services are not appropriate for you, in-person appointments will be provided. Your fit for telehealth will be reevaluated as changes occur.

Clients have the following rights with respect to telehealth:

- You can request to meet in-person at any time
- The same confidentiality rights and limitations apply to telehealth as in-person therapy.
- Despite all efforts of the agency and therapist there are risks to telehealth including technical failures and unauthorized access to medical information.
- Results of telehealth may or may not be as effective as in-person therapy, and therefore effectiveness of this form of therapy will be periodically evaluated.

The following procedure will be used to address a crisis during the session:

- At the start of each session, the therapist will ask for visual confirmation and the physical location of client. The therapist will note the location if it is different than the primary residence noted in client record.
- If there is a self-harm concern and the therapist is unable to resolve the concern the therapist will contact the client's emergency contact person to have a three-way conversation, if possible. The therapist will attempt to stay with the client until they get the emergency contact on the call.
- If emergency contact cannot be reached, or concerns persist, then a wellness check request is made to the police. If the therapist fears imminent harm, they will call 911 with the client's location.
- If the client disconnects from the call –the therapist will call the emergency contact and, if fearing imminent harm, call 911 with client's location.
- Therapist will ensure that all clients are given crisis resources at intake (County Crisis Lines, local hospitals, 911), and again if the client is experiencing safety concerns between sessions.

Please complete back side of sheet and sign.

To assess the fit of telehealth services please answer the following questions:

Technology:

Do you have a computer/device with internet access that has an up-to-date web browser?

- Yes
- No

Do you have an email address you are comfortable using?

- Yes
- No

Are you comfortable using telehealth for therapeutic purposes?

- Yes
- No

Do you have a confidential location to receive telehealth and are you able to test the capability of your computer/internet access?

- Yes
- No

There is the possibility of technological disruptions during sessions. Do you believe that the use of technology will cause more distress than it will help you?

- Yes
- No

Region/Location:

Will you be in the state of Minnesota when receiving services?

- Yes
- No

Are emergency services accessible to you?

- Yes
- No

Name of Hospital _____

Phone number _____

Emergency contact available at session _____

Emergency contact phone number _____

Print Name

Date

Patient or Personal Representative's Signature

Relationship of Representative