

Consent to Telehealth

I, _____, consent to participate in counseling sessions or communication via the internet, phone, email, or videoconferencing (ZOOM) with MU Psychological Services Clinic as described below.

By choosing to sign this form, I understand that the MU PSC cannot and does not guarantee the privacy or security of any session content or communication being sent through the internet, phone, email, or videoconferencing. There is potential that videoconferencing sessions via ZOOM, emails, phone calls, or voicemails can be intercepted and reviewed by others, and it is possible that there could be disruptions to therapy due to technological difficulties. I understand that communicating via these mediums is not 100% secure.

Although all text messages, voice mail and email are kept confidential, and that communications via the ZOOM teleconferencing platform are encrypted, choosing this method may lead to your information not being protected. If you choose to communicate with me in this manner, you must understand the risk and consent to using the following email, cell and text below:

I consent to using **email** communication using the following email: _____

I consent to using **text** messages using the following cell number: _____

I consent to my therapist leaving me confidential voice mail messages on the above cell number:

YES ___

NO ___

Signature of Patient or Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____



INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL 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 patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist 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 psychologist 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 telepsychology 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 psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

I have been informed of and understand the risks and procedures involved with using the videoconferencing technology. I agree to the terms listed above and I hereby voluntarily consent to the use of this platform for therapy sessions with my provider. I agree that the MU PSC should not be held liable in the event that any outside party passes technology security and discovers personal or confidential information. This consent will last for the duration of the relationship with this clinic; I can withdraw my consent for a video therapy session at any time, and the MU PSC will work with me to find a suitable alternative.

Yes _____

No _____

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Signature of Patient or Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

Provide client with Missouri Crisis Line contact information:

<http://www.missouricrisisline.com/>

1-888-761-4357

Text HAND to 839863 (Standard Text Message Rates Apply)