**Joanne M. Harste, M.A., LMFT, LLC**

Licensed Marriage and Family Therapist

License #1100

(651) 353-5453 – cell

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**INFORMED CONSENT CHECKLIST FOR TELETHERAPY SERVICES**

* **There are potential benefits and risks of video-conferencing (i.e., limits to patient confidentiality) that differ from in-person sessions.**
* **Confidentiality still applies for telepsychology services and we agree that no one will record sessions without the permission of the other person(s).**
* **We agree to use the secure video-conferencing platforms of either Zoom or Theraplatform for our virtual session. I will explain how to use it.**
* **You need to use a webcam or smart phone/device 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 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 me 24 hours in advance.**
* **We need a back-up plan (i.e., 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 as well as 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 therapist, I may determine that due to certain circumstances, teletherapy is no longer appropriate and that I will need to refer you to someone who is doing sessions in-person.**

**I have read, understand and agree to the above.**

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**Client Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number for back-up plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location you will be meeting with me from**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client’s Legal Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Nearest ER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Phone number**

**My personal emergency contact persons:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/relationship Phone number**

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**Name/relationship Phone number**