

Mankato Mental Health Associates
Union Square Building
201 N. Broad Street, Suite 308
Mankato, MN 56001

Telehealth Informed Consent Form

I, _____, consent to engaging in telehealth with Mankato Mental Health Associates, PA, as part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through interactive audio and video using a HIPAA compliant website platform identified by your provider.

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or remove consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. Please refer to MMHA's Informed Consent for specific details. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent. It is my responsibility to ensure my confidentiality in my home by setting up a private space where the videoconferencing can occur. I understand if there are other distractions or situations that compromise my confidentiality, my clinician may end the session prematurely.
3. I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Mankato Mental Health Associates, PA that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.
4. In addition, I understand that telehealth-based services and care may not be as complete as in-person services. Mankato Mental Health Associates uses telehealth services as an adjunct to in-person sessions in cases of transportation issues, restrictions placed by our Governor related to healthcare, or other barriers to attending sessions.
5. I understand that I will need to utilize a HIPAA compliant platform on my phone or other device that supports google chrome or Mozilla Firefox in order to access telehealth psychotherapy sessions with Mankato Mental Health Associates, PA.

6. I understand that I have the right to access my personal information and copies of case notes. I have read and understand the client bill of rights and grievance procedure reviewed at my first session, and any questions I have were answered by my therapist.
7. By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest emergency room.
8. I understand that telemedicine visits are billed through my health insurance carrier just as face to face visits are and that I will be required to pay the same fees as I would if the visit were face to face.

I understand the information contained in this consent and I am choosing to use telehealth services as an adjunct to my in-person therapy sessions.

Signature of client/guardian

Date

3/2020