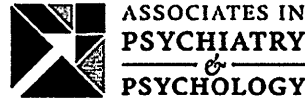


# Minnesota Psychological Resources

A Division of



## Consent for Telepsychiatry/Teletherapy Health Services Telepsychiatry/Teletherapy Health Services Information

### What are Telepsychiatry/Teletherapy health services and when are they used?

Telepsychiatry is a type of mental health service conducted in real-time interactive audio and video (webcam) and a computer at the provider site between you and your psychiatrist, who is located at an alternative provider site. Telepsychiatry typically describes the delivery of psychiatric evaluation, on-going care and, if appropriate, prescribe medications through electronic technology such as video-conferencing. Teletherapy is a type of mental health service conducted in real-time interactive audio and video and a computer at the provider site between you and your therapist, who is located at an alternative provider site. Teletherapy typically describes the delivery of psychotherapy through electronic technology such as video-conferencing. Both are intended to overcome geographical barriers, connecting users who are not in the same physical location. Telepsychiatry and Teletherapy are approved and used by the State to provide services.

### How do Telepsychiatry/Teletherapy health services work?

You will be in a private room either by yourself, with a friend, family member, and a medically trained staff person. The room will have a computer with a video camera. The provider will also be in a private room but at another location with the same type of equipment. When the session is ready to begin, clinic staff will start the computer and camera so that you and the provider can see and hear each other and talk together. When the session is over, clinic staff will shut off the equipment.

### How is it different than a regular session with a provider?

Other than you and your provider not being in a room together, there is very little difference in the session. A qualified staff on site will perform and transmit results of the examination for routine vital signs. An onsite medically trained staff will be present or immediately available. The provider will ask and document clinical information that you share with him/her, send any prescriptions that are ordered to the pharmacy for you to pick up if medications are prescribed, document the service that is provided, and ensure that documentation is included in your clinical record for future reference.

### What happens if I choose not to consent to Telepsychiatry services?

If you choose not to consent to Telepsychiatry health services, we may be unable to provide you with convenient and readily available services. You may receive face to face services by a provider that will be rescheduled for a later date.

### What if I am connecting from a private location (ie My home) via computer or smartphone?

- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- 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 understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The potential benefit of Telepsychiatry/Teletherapy services is that I will be able to talk with mental health staff today from this local setting for an evaluation of my needs. When appropriate, I will be able to receive psychiatric/psychotherapeutic services, potentially receive a prescription for prescribed medications and / or continue my current medications uninterrupted.
3. The potential risk of Telepsychiatry/Teletherapy services is that there could be a partial or complete failure of the equipment being used which could result in a provider's inability to complete the evaluation, mental health and psychiatric services, and/or prescription process.
4. There is no permanent video or voice recording kept of the Telepsychiatry health service's session.
5. All existing confidentiality protections apply.
6. All existing laws regarding client access to mental health information and copies of mental health records apply.
7. Dissemination of client identifiable images or information from the Telepsychiatry interaction to researchers or other entities shall not occur without the consent of the client.

I, \_\_\_\_\_, consent to Telepsychiatry/Teletherapy services in circumstances in which psychiatric or psychotherapeutic providers appropriate to my needs are not immediately available at my site. My mental health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Adult

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date