

**Joanne M. Harste, M.A., LMFT, LLC**  
Licensed Marriage and Family Therapist  
License #1100  
(651) 353-5453 – cell

---

## **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 for the other person(s).**
- **We agree to use the video-conferencing platform (Doxy.me) 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.**
  - **DURING THIS TIME OF COVID-19 ALL TELETHERAPY IS BEING PAID AT THE SAME RATE AS IN OFFICE. WE WILL NEED TO EXPLORE THAT MORE FULLY WITH YOUR INSURANCE IF YOU WISH TO CONTINUE DOING TELETHERAPY AFTER COVID-19.**
- **As your therapist, I may determine that due to certain circumstances, teletherapy is no longer appropriate and that we should resume our sessions in-person.**

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

---

**Client Name**

---

**Client signature**

---

**Signature of Client's Legal Representative**

---

**Date**

**Nearest ER:**

---

**Location**

---

**Phone number**

**My personal emergency contact person:**

---

**Name/relationship**

---

**Phone number**