

Teletherapy Informed Consent Form

“Teletherapy” includes mental health evaluation/assessment, treatment planning, and therapy using interactive audio/video communications.

I, _____, consent to engage in teletherapy with a therapist associated with Milestone Counseling, Inc. as a part of my therapy process and treatment goals. I understand that I have the following rights with respect to teletherapy:

- (1) Teletherapy occurs in the state of Minnesota, and is governed by the laws of this state. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon. If the therapist does not feel that I am in a confidential setting, the therapist has the right to discontinue the session. 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.
- (2) I understand that there are risks unique and specific to teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer.
- (3) There are mandatory exceptions to confidentiality, including, but not limited to: reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. Permissive exceptions to confidentiality include a decision on the part of the client to sign a release of information for the therapist to provide or exchange records with another agency, or to share information with an identified party at the request of the client.
- (4) I accept that teletherapy is not appropriate for emergency or crisis situations. If I am experiencing an emergency situation, I understand that I can call 911, proceed to the nearest hospital emergency room for help, call the Four County Crisis Response Team for Benton, Sherburne, Stearns, or Wright counties at 1-800-635-8008, or for residents of Kandiyohi or Meeker counties, The Woodland Centers Mobile Crisis Response Team at 1-800-432-8781.
- (5) In the event teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.

Milestone Counseling, Inc. uses a website called doxy.me for teletherapy sessions. It is a secure website designed for teletherapy and is HIPAA-compliant. Your therapist will provide you with the specific link to their electronic waiting room. You enter the link, write your name where indicated, and click “check-in”. Wait there until your therapist brings you online.

Client Signature

Date

Name of Minor Client

Relationship to Minor Client