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Telehealth Informed Consent Policies

This is an add-on policy to our general clinic informed consent, which should have been provided to you. All other policies, financial responsibly and cancelation policies remain the same.

- There are potential benefits and risks of video-conferencing that differ from in-person sessions. This may include limits to client confidentiality when using an internet connection and then potential for others people nearby. We encourage clients to find a private area in your home and use a secure internet connection for all appointments.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s) (this includes both therapist and clients).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it. Our platforms are HIPAA compliant to provide a more secure connect. We use Doxy.me and TherapyNotes platforms.
- You will need to use a computer or tablet with webcam and microphone, or a smartphone during the session. Headphones are advisable if other people are in your home.
- 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 therapist in advance by phone or email.
- We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.
- For minors/dependents, we need the permission of your parent/ 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 therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

Arden Shores Counseling, LLC, reserves the right to change the policies, practices, and procedures described in this document. We will notify you in writing of any significant changes. My signature below indicates I am consenting to treatment at Arden Shores Counseling, LLC, and have received and understand the contents of the clinic's counseling Policies. If I have questions, the information has been explained and/or summarized for me.

Signature (Client or Legal Guardian if client is under 18)

Date