



Fax: 218-237-2520

LAKE COUNTRY ASSOCIATES, INC.

515 Bridge Street East, Park Rapids, MN 56470 ph: 218-366-9229

1426 Bemidji Ave NW, Ste 1 Bemidji, MN 56601 ph: 218-444-2233

11 Main Street East Menahga, MN 56164 ph: 218-564-9229

Telehealth Informed Consent

I _____, consent to engaging in telehealth with Lake Country Associates, Inc. as a part of the therapy process. Telehealth involves the patient being at one site and the licensed provider being at another site providing services in the same manner as if the service was delivered in person. Telehealth sessions are not recorded, rather are in real time between the clinician and the patient. Network and software security protocols are in place to protect patient information and safeguard data that is exchanged. Telehealth services will comply with all applicable federal and state regulations, including, but not limited to confidentiality and privacy requirements. All policies and practices of Lake Country Associates, Inc. will apply to telehealth visits as they would face-to-face visits.

I understand I have the following 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.
- 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. There are both mandatory and permissive 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.
- 3) I 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.
- 4) I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Lake Country Associates, Inc. that the transmission of information could be delayed, disrupted and/or distorted by technical failures and/or the possibility of confidentiality breaches. The use of telehealth is still relatively new, so there may be risks not yet known to clinicians.
- 5) I understand that I am responsible for providing a safe and secure site, with electronic devices that can use the videoconferencing application. This must include audio and a camera.
- 5) I understand that telehealth services and care may not be as complete as in-person services. I understand that if my therapist believes I would be better served by other interventions, I will be referred to a mental health professional that can provide those services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.
- 6) I agree that certain situations including emergencies and crises are inappropriate for telehealth or outpatient mental health services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. I understand that emergency situations include but are not limited to thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or situation, and/or if I am abusing drugs or alcohol and are not safe.

By signing below, I am indicating that I have read and understand the information provided to me on the use of telehealth services at Lake Country Associates, Inc. I have had the opportunity to discuss my concerns and my questions have been answered to my satisfaction. I understand that this is not a legal contract, but rather a treatment agreement. I give my consent for the use of telehealth in the course of my diagnosis and treatment.

Client Printed Name

Client or Legal Guardian Signature

Email Address

Date

Initial: _____ During this crisis situation, I consent to receiving services via telephone