



A New Start Counseling Center, Inc.

www.newstartcounseling.com

INFORMED CONSENT CHECKLIST FOR TELE-MENTAL HEALTH SERVICES

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for tele-mental health services, and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and your therapist will explain how to use it.
- 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 also important to use a secure internet connection rather than public/free Wi-Fi.
- 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 tele-mental health 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, tele-mental health is no longer appropriate and that we should resume our sessions in-person.

Therapist Name: _____

Patient Name/Signature : _____

Signature of Patient/Patient's Legal Representative: _____

Date: _____