



## Informed Consent for Telehealth Services

I, \_\_\_\_\_ (Client/Guardian), hereby give my consent to **M. B. Psychological Services, LLC** to provide \_\_\_\_\_ (Client) with live interactive video telehealth services located at the following distant site location: **5539 S. 27<sup>th</sup> Street, Ste 104, Lincoln, NE 68512.**

I understand that:

- a. There are potential benefits and risks of telehealth video services (e.g. limits to patient confidentiality) that differ from in-person services.
- b. I retain the right to refuse telehealth video services at any time without affecting my right to future treatment and without risking the loss/withdrawal of any program benefits to which I would otherwise be entitled.
- c. All existing confidentiality protections shall apply to my telehealth video services and I agree to receive an email with a link attached to join telehealth video sessions as appropriate.
- d. I shall have access to all medical information resulting from the telehealth communication, as provided by law.
- e. Information from the telehealth video services (images that can be identified as mine or other medical information from the telehealth video service) cannot be released to researchers or anyone else without my written consent.
- f. If I decline telehealth video services for any reason (e.g., technological difficulties), I will work with my provider to find alternative treatment options, including telephone sessions or in-person services on a case-by-case basis.
- g. I will be informed if additional people beyond my provider will be present during my telehealth session.
- h. I retain the right to exclude anyone from either the originating or distant site.
- i. In the event of a crisis situation, a safety plan is needed that includes at least one emergency contact and the closest emergency room to your location.
- j. If you have not an adult, the permission of your parent or legal guardian (and their contact information) is required for you to participate in telehealth sessions.
- k. My provider may determine that due to certain circumstances, telehealth video services are no longer appropriate and that we should resume our services in-person or through other alternative options.
- l. This consent is valid for six months for follow-up telehealth video services with this health care provider.

I have read this document and the **Patient Rights and Responsibilities for Participation in Telehealth Services** document carefully and my questions have been answered to my satisfaction.

\_\_\_\_\_  
**Client Name (Print)** DOB: \_\_\_\_\_

\_\_\_\_\_  
**Client/Guardian Signature** Date: \_\_\_\_\_

\_\_\_\_\_  
**Email Address (where link to sessions can be sent)** Phone Number (if problems occur)

**Megan N. Basnett, Psy.D. – Licensed Psychologist**  
**M. B. Psychological Services, LLC**  
5539 S. 27<sup>th</sup> St., Suite 104, Lincoln, NE 68512  
Phone: (402) 261-8313 Fax: (402) 939-0437  
**Creating Positive Change**



## Patient Rights and Responsibilities for Participation in Telehealth Services

*Prior to starting video-conferencing services, we discussed and agreed to the following:*

- Confidentiality still applies to telehealth 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 the provider will explain how to use it.
- You will need to use a webcam or smartphone for the session.
- It is important to be in a quiet, private space that is free from 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 telehealth appointment, you must notify your provider in advance by phone or email.
- A phone number where you can be reached will need to be provided to restart the session or reschedule, in the event of technical problems.
- You should confirm with your insurance company that telehealth sessions will be reimbursed; If they are not reimbursed, you are responsible for the full payment.

*What you can expect:*

- Your provider is utilizing the HIPAA compliant telehealth platform through SimplePractice.
- You will receive an email reminder prior to your appointment (if consent for email communication is provided). In order to access the link for an upcoming telehealth appointment, you will need to either click **"Join Video Call"** from the telehealth appointment email reminder or click **"Join Video"** in the *Upcoming Appointments* section in your *Client Portal*.

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