



Telehealth Informed Consent Form
Indian Health Board of Minneapolis, Inc.

TOP OF LABEL HERE

I _____, consent to engaging in telehealth with INDIAN HEALTH BOARD as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications. By signing this consent, I am verifying I understand the following:

1. I have the right to withhold or remove consent for telehealth services at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
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 confidential, just as it would be if I were in the clinic. I understand that the visit is transmitted over dedicated lines and cannot be accessed by any unauthorized individuals.
3. I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services.

If I am in crisis or in an emergency I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I acknowledge I have been told that if I feel suicidal I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.

My provider has explained to me how the telehealth technology will work. I have been given the opportunity to ask questions, all of which have been answered to my satisfaction.

Signature of client/parent/guardian

Date

Printed name of client/parent/guardian Relationship (If applicable)

Date
