

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Introduction**

You are consenting to receive behavioral health services through telehealth. At Nexus-FACTS, telehealth is the use of two-way interactive video conferencing. Telehealth services are the same as the behavioral health service provided to you in person. You will be able to see and hear your provider and they will be able to see and hear you, just as if you were in the same room.

Security measures are in place to safeguard the information that is shared during telehealth appointments. The provider will provide services with a HIPAA compliant communication telehealth platform and from a HIPAA compliant private environment. The provider will never provide services via telehealth from a non-secure, public location in which the client's confidentiality cannot be maintained. No video recordings or still images are to be recorded during any telemedicine session by either party.

All ethical and professional standards of care and practice remain in place for services provided by telemedicine. You may decline or stop the telehealth appointment at any time.

**Expected Benefits**

- Allow you and your behavioral health provider to continue services when you or a family member is ill, or has been exposed to an illness
- Allow greater flexibility in delivering or receiving services therefore increasing ease, convenience and access.

**Possible Risks**

There are potential risks with the use of telehealth services which include but may not be limited to:

- As with any health care service, while you may benefit from telehealth, specific results may not be guaranteed or assured. If your behavioral health provider believes you would be better served by more traditional in-office or in-home services, your provider will discuss this with you and your telehealth services may be discontinued.
- Technology problems may delay evaluation and treatment for a scheduled health appointment. Technology is imperfect and at times the Internet connection or hardware may fail on either end of the connection. The provider will do everything within their power to maintain the connection and sustain the session, if this is impossible the session will end and rescheduled.
- In very rare instances, information security protocols could fail, causing a breach of privacy of personal medical information.

**Consent to Telehealth Services**

- I have been asked to receive behavioral health services via telehealth appointment. I will be receiving services through two-way interactive conferencing

- My participation in telehealth is voluntary and I may decline to participate or decide to stop participation at any time without affecting my right to future care or treatment
- We will have scheduled appointments. It is my responsibility to contact the provider or clinic staff to change or cancel an appointment or if I have questions
- I may only participate in telehealth while in Minnesota
- I am responsible for any copayments, coinsurances that apply to my telehealth appointment
- The laws that protect the privacy and confidentiality of mental health information also apply to telehealth. No information obtained during a telehealth appointment which identifies me will be disclosed without my consent or in a way that is not consistent with Nexus-FACTS Notice of Privacy Practices.
- A photocopy of this form is as valid as the original

I have read this document and I consent to participate in receiving mental health services via telehealth under the terms described above. My questions have been answered and I understand the benefits, risks and alternatives.

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Client/Parent/Guardian

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Date