

Barnes & Klatt, P.C.
1660 Feehanville Drive, Suite 400
Mount Prospect, IL 60056
Telephone: 847-981-9200 Fax: 847-981-9322

INFORMED CONSENT FOR TELEHEALTH PSYCHOLOGICAL SERVICES DURING COVID 19 PUBLIC HEALTH CRISIS

Patient's Name: _____

Patient's Date of Birth: _____

Return to admin@barnesandklatt.com or via fax to 847-981-9322

Please read the information below regarding psychotherapy using telehealth carefully and discuss any questions with your clinician.

- There are potential benefits and risks of telehealth that differ from in-person sessions. We will take reasonable steps and industry best practices to ensure your privacy. Please secure a quiet, private space that is free of distractions (including cell phone or other devices) where you will not be interrupted or over-heard during the session. It is important to use a secure internet connection rather than public/free Wi-Fi.
- You need to use a webcam or smartphone during the session. You are solely responsible for any costs to obtain any necessary equipment, accessories, software, and data plans for you to take part in telehealth.
- Barnes & Klatt has a legal and ethical responsibility to make the best efforts to protect all communications that are a part of telehealth. We make every attempt to use updated encryption methods, firewalls, and secure devices to help keep your information private. There is a risk that electronic communications may be compromised, unsecured, or accessed by others who are not authorized to view them.
- Confidentiality still applies for telehealth services. Sessions will not be recorded without the written permission from the other person(s). For communication between sessions, we will primarily use phone voicemail. We will use text or email messaging with your permission only for administrative matters, such as setting and changing appointments and billing matters. Thus, clinical information will not be discussed by text or email and these forms of communication should not be used even in case of emergency. If your clinical concern is urgent, page your clinician with the emergency pager number that was provided to you or have someone drive you to the nearest emergency room.
- We agree to use the video-conferencing platform selected for our virtual sessions, and your clinician will explain how to use it. Technology issues may impact the session. If the session is interrupted due to a non-emergency situation, please wait for your clinician to re-contact you. We will need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it.
- Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth therapy. Your clinician and you will discuss an emergency plan and identify a contact person who is near you who will be contacted in the event of an emergency to assist as needed.
- It is important to be on time. If you need to cancel or change your telehealth session, please notify the clinician in advance by phone or if agreed upon by text.

- If you are under the age of 18, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- Our service fees are the same for telehealth or in-person therapy. Please, confirm with your insurance company that the telehealth sessions will be reimbursed; if they are not reimbursed, you are solely responsible for full payment.
- Your clinician may determine that due to certain circumstances, telehealth is no longer appropriate, and that in-person sessions are required to provide higher level of support and intervention.

Please provide the name of an emergency contact to be used for safety purposes in the case of an emergency during telehealth.

Emergency Contact Name

Emergency Contact Phone Number

This agreement supplements the general informed consent/business agreement between myself and Barnes & Klatt and does not amend any of the terms of that agreement.

Patient Signature _____

Date _____

Patient's Guardian (if younger than 18): _____

Date _____

Witness _____

Date _____