

# Consents and Authorizations

## INFORMED CONSENT CHECKLIST FOR TELEHEALTH/MEDICINE SERVICES

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

- There are potential benefits and risks of audio/video conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
- We agree to use the audio/video-conferencing platform selected for our virtual sessions, and your clinician will explain how to use it.
- You need to use a webcam or smartphone or iPad during the session.
- 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 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 tele-appointment, you must notify the clinician or office in advance by phone.
- 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 telehealth sessions.
- You should confirm with your insurance company that the audio/video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your treating clinician, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

PRA clinicians are only licensed to practice in the state of Illinois. When doing telehealth with your clinician you agree to be within the state of Illinois. If you are not in Illinois during the time of your appointment you will notify the clinician at the start of your appointment to determine medical necessity to continue the appointment or to reschedule when you will be in Illinois.

For more detailed Office Policies, please see our website at [www.prapsych.com](http://www.prapsych.com)

I have read, understood, and agree to the consents and authorizations above regarding my responsibilities as a patient receiving services from clinicians at PRA. **For patients 17 & under consent for treatment signatures for both parents are required below.**

➔  I consent to have paperwork or any other documents with confidential information sent to me by email.  
Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (age 12 and older)

\_\_\_\_\_  
Signature of Responsible Party/Guardian #1 (if different than patient)

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Signature of Guardian/Parent #2

\_\_\_\_\_  
PRA MD/THERAPIST you are seeing today.

\_\_\_\_\_  
Date