

**Lake Minnetonka Psychology**

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**TELEPSYCHOLOGY INFORMED CONSENT**

Lake Minnetonka Psychology offers psychological services via traditional, in office face-to-face format as well as via telepsychology. Please review the following information about telepsychology services to determine if you would like the option of telepsychology services as part of your service delivery options. Participation in telepsychology is not a requirement of working with Lake Minnetonka Psychology.

**WHAT IS TELEPSYCHOLOGY?**

Telepsychology (e.g., “Telehealth”) is the provision of behavioral and/or mental health care services using technological modalities in lieu of, or in addition to, traditional face-to-face methods (e.g., provision of therapy using the phone, diagnostic interviewing via videoteleconferencing, using of applications to track mood states, consultations via email).

**BENEFITS AND RISKS ASSOCIATED WITH TELEPSYCHOLOGY****The benefits of Telepsychology sessions include but are not limited to:**

- Continuity of care when in-person psychological services are not available.
- Flexible scheduling.
- Increased ease in accessing services, particularly for those with busy schedules.
- Increased access to therapy for individuals with physical, medical and/or mobility disabilities.
- Increased access to psychological services regardless of geographic area.
- Increased access to services in areas with few mental health resources.
- Increased access to therapy for individuals who may have difficulty attending therapy on-site (e.g., those with post-traumatic stress disorder or agoraphobia).
- More time to collect information about thoughts, feelings and behaviors outside the sessions.

**The risks of Telepsychology sessions include but are not limited to:**

- As with any electronic platform, confidentiality cannot be guaranteed. A breach in confidentiality could occur, exposing your protected health information (PHI) to others including the public.
- Your progress in therapy could be interrupted due to using a different form of communication that may not be as effective or feel the same as an in-person session.
- Sessions could be interrupted by a technical difficulty or another unexpected event such as loss of internet connection, loss of Smartphone or computer power, or trouble seeing or hearing each other.
- If a life-threatening emergency arises, the psychologist may not be able to help the same way they can during an in-person session.

## **EMERGENCY PROTOCOLS**

There are special emergency protocols used in telepsychology to protect your health, safety and the physical safety of others. Your psychologist will need to know your physical location during telepsychology sessions. You agree to inform the psychologist of the address of your location at the beginning of each session. The psychologist will also need a contact person whom may be contacted on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

If you would like to proceed with optional telepsychology as part of your services, you are agreeing to the following:

1. I understand there are risks and benefits of telepsychology
2. I understand I am not required to use telepsychology as part of receiving psychology services through Lake Minnetonka Psychology.
3. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
4. I understand that there will be no recording of any online sessions by either party. All information disclosed without sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
5. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telepsychology unless an exception to confidentiality applies (i.e., mandatory reporting of child, elder or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
6. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telepsychology health psychological services are not appropriate and a higher level of care is required.

7. I understand that during a telepsychology session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect the session within 10 minutes, please contact the psychologist at 612-895-6500 to reschedule.
8. I understand that my psychologist may need to contact my emergency contact and/or appropriate authorities in case of emergency.

**SIGNATURE OF UNDERSTANDING**

I have read all of the information provided about and discussed it with my psychologist. I understand the information contained in this form. All of my questions have been answered to my satisfaction.

I, the patient reviewing this form, hereby consent to participate in telepsychology services with Kathleen Petersen, Ph.D., NCSP, Licensed Psychologist.

\_\_\_\_\_ Client Printed Name

\_\_\_\_\_ Client Signature

\_\_\_\_\_ Date of Client Signature

\_\_\_\_\_ Parent/Guardian Signature (if client is under age 18)

\_\_\_\_\_ Date of Parent Signature