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## **INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES**

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

- The potential benefits and risks of telehealth (e.g. limits to patient confidentiality) differ from in-person sessions. Further information can be provided upon request.
- Confidentiality and limits to confidentiality still apply to telehealth services.
- Recording of sessions is prohibited.
- doxy.me will be the platform ILearn will use for telehealth sessions. Your therapist will explain how to use doxy.me.
- Use of a webcam or smartphone will be needed throughout session.
- A quiet, private space that is free of distractions (e.g., cell phone, television, etc.) will be needed for telehealth services.
- Use of a secure internet connection (rather than public/free Wi-Fi) is required.
- It is important to be on time. Advance notice (via phone or email) will be necessary if you are no longer able to make your appointment time.
- In the event of technical problems, a back-up plan (e.g., phone number where you can be reached) will be established prior to starting telehealth.
- A safety plan that includes at least one emergency contact and the closest ER to your location will be developed and utilized in the event of a crisis situation.
- Telehealth services must be accessed from the address provided. The client is required to notify the therapist if the access location is different than the one initially provided. Location of the nearest emergency room must also be updated in the event of an address change.
- Individuals under 18 will need the permission of a parent or legal guardian (including contact information) for in order to participate in telehealth sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- Your therapist may determine that due to certain circumstances, telehealth is no longer appropriate and that in-person sessions should be resumed. Innovative Learning Professionals reserves the right to cease telehealth services at any time.

Address of Location that Telehealth will be accessed: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of nearest emergency room: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Backup Plan: If technical issues occur that interrupt or prevent access to the teletherapy session, the client will call the therapist at (515) 270-0280. If the therapist has not received the call, the therapist will attempt to contact the client via the phone number provided. In the event that contact cannot be made, the session will be considered complete at the time of disconnection.

Emergency Plan:

1. Contact emergency contact at the number provided
2. Call 911
3. In the event the client is unable or unwilling to call emergency services in the event of a crisis, the counselor will contact emergency services and provide them with the name and address of the client for use in a welfare check.

Therapist Name / Signature: \_\_\_\_\_

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

Client Phone Number \_\_\_\_\_

Signature of Parent /Guardian (if under 18 years old): \_\_\_\_\_

Parent /Guardian Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_