



Informed Consent for Telehealth Services

Purpose of Telehealth Services

Telehealth involves the use of electronic communication to provide services remotely. This includes consultations, education, support, and other services related to peer recovery services.

Acknowledgment and Consent

By signing this form, I acknowledge that:

1. Nature of Telehealth Services

- a. Telehealth allows me to receive services without traveling to the provider's physical location.
- b. Sessions may include video, audio, and/or other forms of communication.

2. Benefits

- a. Increased access to services.
- b. Convenience of receiving support from a location of my choice.

3. Risks

- a. Technology issues may interrupt or delay services.
- b. Confidentiality could be compromised due to security risks (though all reasonable measures are taken to protect privacy).
- c. Telehealth may not be appropriate for all situations, and alternative arrangements may be recommended.

4. Confidentiality

- a. All telehealth sessions will be conducted via secure, HIPAA-compliant platforms.
- b. My information will remain confidential as outlined in Minnesota Recovery Connection's Privacy Policy, with exceptions as required by law (e.g., danger to self or others, mandatory reporting).

5. Emergency Situations

- a. Telehealth is not suitable for crisis situations. If I experience an emergency, I will contact local emergency services or go to the nearest emergency room.
- b. My provider will verify my location at the start of each session to address any potential emergencies effectively.

6. Technology Requirements

- a. I will use a reliable device with internet access and a private space for sessions.
- b. I understand that I am responsible for ensuring my own technical setup.

7. Voluntary Participation

Participation in telehealth is voluntary, and I can withdraw consent at any time without affecting my access to other services provided by Minnesota Recovery Connection.

Participant Rights

I have the right to:

- a. Ask questions about telehealth services at any time.
- b. Decline or discontinue telehealth services.
- c. Access my records in accordance with Minnesota Recovery Connection policies.

Consent

I have read and understood the information provided above. By signing below, I agree to participate in telehealth services with Minnesota Recovery Connection.

participant Name (Printed): _____

participant Signature: _____

Date: _____