



Children's Therapy Center, Inc.

childrenstherapyctr.com

Eagan, MN
(p) 651-994-9644
(f) 651-994-8962
Apple Valley, MN
(p) 952-997-2823
(f) 952-997-6931

Patient's Name: _____	DOB: _____
Name of therapist(s): _____	

Consent to TeleMedicine

You understand that telemedicine involves the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to receiving health care services to me via telemedicine over secure video conferencing platform and other communication and electronic tools.

You understand that the laws that protect privacy and the confidentiality of your medical information also apply to telemedicine.

You understand that while telemedicine treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all clients will be effective.

You understand that either you or your therapist can discontinue telemedicine services if it is felt that this type of service delivery does not benefit your needs or for any other reason.

You understand that you are responsible for information security on your computer and in your own physical location. You understand that you are responsible for creating and maintaining your user name(s) and password(s) and not share these with another person. You understand that you are responsible to ensure privacy at your own location by being in a private location so other individuals cannot hear your conversation.

You have read and understand the information provided above regarding telemedicine. You hereby give your informed consent for the use of telemedicine.

All communication will occur through email. Please provide the best email for your therapist to contact you: _____

Please check the appropriate boxes:

Will you be using an iPad/Tablet, a laptop, or a desktop computer (with a webcam).

It is not recommended, but please check if your only option is your cell phone .

By signing you agree to have read, understand, and agree to all the above:

Signature (Legal Guardian)

Date Signed

Your First & Last Name: _____