



**VANGUARD**

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## INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, please note the following:

1. Confidentiality applies for telepsychology services. Your session will not be recorded.
2. The clinic's HIPAA compliant EHR video-conferencing platform will be used for these sessions. This program is easy to use and a link will be sent to your email to access this service.
3. You need to use a webcam or smartphone during the session.
4. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
5. It is important to use a secure internet connection rather than public/free Wi-Fi.
6. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
7. 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. Please provide number here:

\_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency contact (Name and Relationship): \_\_\_\_\_

Emergency contact (phone number): \_\_\_\_\_

Signature of Patient \_\_\_\_\_

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

Parent/Legal Representative Signature (if applicable): \_\_\_\_\_

Name of Parent/legal representative (if applicable) \_\_\_\_\_