

Northern Prairie Community Clinic

UNIVERSITY OF NORTH DAKOTA
501 N COLUMBIA RD STOP 7132
GRAND FORKS, ND 58202-7132
P: 701-777-3745 F: 701-777-3845

Please review the following in its entirety:

It is important that you are aware that these Telehealth treatments are provided as an alternate treatment option during this pandemic. Further, there are risks and consequences from Telehealth delivery, including, but not limited to, the possibility, despite reasonable efforts on the part of the Speech Language Pathologist, that:

- The transmission of personal information could be disrupted or distorted by technical failures.
- There are circumstances of which NPCC will not be able to control (i.e. client's poor internet connection, client's low battery/battery dying, etc.) which may impact our ability to provide Telehealth treatment on a given day.
- The transmission of personal information could be interrupted by unauthorized persons and/or the electronic storage of my personal information could be accessed by unauthorized persons.

To guard against these risks NPCC will use only HIPPA compliant video software, Zoom, for conducting Telehealth sessions. However, there is always the possibility that unauthorized persons may attempt to discover your personal information. To increase your safety and privacy please:

- Limit video conferencing to private locations and avoiding use in public locations including using work/business computers.
- Restrict/prevent people in your home or other environments from accessing your phone, computer, or other devices that you use to participate in video counseling sessions.
- Schedule appointments at times when you are alone and do not provide confidential information over email.
- Be advised to take precautions regarding authorized and unauthorized access to the technology used in counseling sessions.
- Be cautious of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions.

Your signature indicates you have read and understood the above, and are in agreement to move forward with telehealth services

Client Name: _____ Date: Click or tap to enter a date.

Client Signature: _____ Date: Click or tap to enter a date.

*By

Witness Signature: _____ Date: Click or tap to enter a date.