



MINNESOTA COMMUNITY CARE™

Telehealth Services

What is telehealth?

Telehealth is a technology that allows your provider to see you even when you are not at the clinic. Video technology and the internet are used to provide a two-way video so you can see and hear each other.

Is there a benefit to using telehealth?

Yes! You do not need travel to the clinic to see your provider. Your visit will be the same as it would be in the clinic, but you will be talking through a video device instead.

Do I need a computer?

No. You can use any device with a camera (smartphone, tablet, etc.) that connects to the internet via a data plan through your phone carrier or through an internet connection.

Is it private?

Yes! The clinic has taken extra steps to make sure that the video technology they use to see you is secure.

What are the risks?

There are very few risks. If the internet connection is not strong, the audio and/or video connection may not work or may stop working during the visit. You may be asked to reschedule or to come into the clinic depending on your specific needs.

How can I participate?

Ask your provider if you can be seen via telehealth. It may not be right for everyone, but your provider can help you decide.



Preparing for your Telehealth Visit

Connecting with your provider has never been easier! Follow these simple steps to use our telehealth services.

1. Download and install the Zoom Cloud Meetings app from the app store.



2. Tap Join a Meeting and it will take you to your meeting with a provider.



3. To join the meeting enter the meeting ID that was given to you. The number should be 9 digits.

Topic: My Meeting
Time: Mar 18, 2020 12:00 PM Central Time (US and Canada)

Join Zoom Meeting
<https://mnachc.zoom.us/j/103542310>

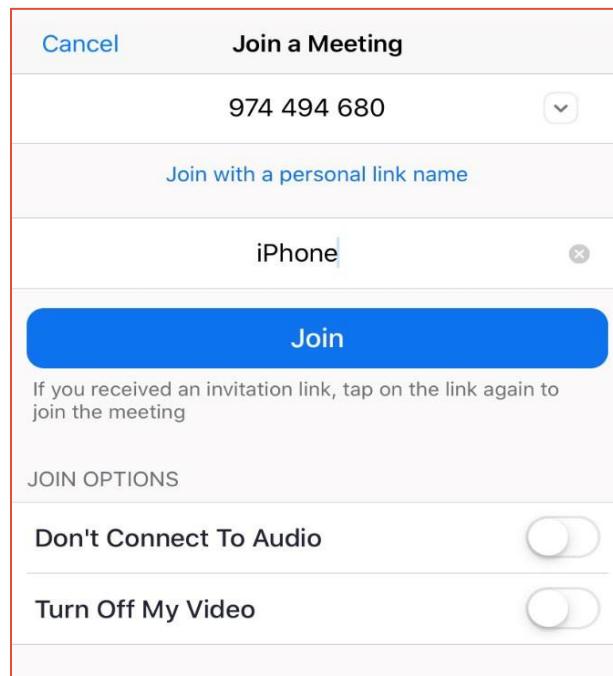
Meeting ID: 103 542 310

One tap mobile
+1 312 626 6799 US (Chicago)
+1 929 436 2866 US (New York)

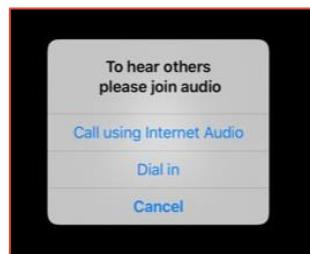
Dial by your location
+1 312 626 6799 US (Chicago)
+1 929 436 2866 US (New York)
+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US
+1 301 715 8592 US

Meeting ID: 103 542 310
Find your local number: <https://mnachc.zoom.us/u/adCpt00GSp>

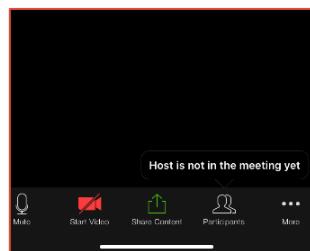
4. Click Join



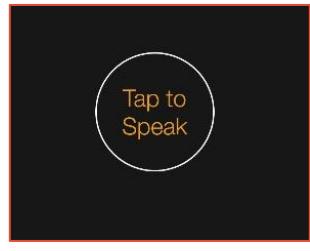
5. Click Call using Internet Audio.



6. Enable video by touching the RED “Start Video” icon at the bottom.



7. Swipe to the left. Here you will touch "Tap to Speak" and then you can swipe right again to get back to the video.



Please call us at 651-602-7504 if you have any questions. We look forward to seeing you soon!



Please place patient label here

Telehealth Informed Consent Form

I, _____, consent to engaging in telehealth with Minnesota Community Care as a part of my treatment goals. I understand that telehealth may include medical or mental health evaluation, assessment, consultation, treatment planning, and medications. Telehealth will occur primarily through interactive video communications.

By signing this consent, I am verifying I understand the following:

1. I have the right to withhold or remove consent for telehealth services at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my visits is confidential, just as it would be if I were in the clinic. I understand that the visit is transmitted over dedicated lines and cannot be accessed by any unauthorized individuals.
3. I agree that certain situations including emergencies and crises are inappropriate for video/computer-based health services. If I am in crisis or in an emergency I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I acknowledge I have been told that if I feel suicidal I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433. Similar to in person visits, if I share possible danger to myself or others, I understand that my provider is required to share this information for my safety and that of others.
4. I understand that payment for this visit will be the same as an in-person visit. I understand that my insurance be billed or Minnesota's sliding scale fee will be applied.
5. My provider has explained to me how the telehealth technology will work. I have been given the opportunity to ask questions, all of which have been answered to my satisfaction.

Signature of client/parent/guardian

Date

Printed name of client/parent/guardian

Relationship (If applicable)

If verbally approved by patient, 2 witness signatures are required:

Signature of witness

Date

Signature of witness

Date