



3800 Hwy 52 N, Suite 220
Rochester, MN 55901
(507) 923-7321

Authorization for Agency Practices

Please read the following agency practice below regarding video sessions and the use of Zoom meetings online. Please choose whether you will give or not give your consent for Riverstone Psychological Services, Inc. to utilize Zoom meetings for video sessions when both provider and patient decide to use this feature. You may change or rescind your consent at any time by notifying your therapist in writing. There is no penalty for declining or rescinding consent.

Permission to utilize Zoom meetings

I hereby give Riverstone Psychological Services, Inc. permission to use Zoom video conferencing for conducting counseling sessions. I understand that the purpose of Zoom meetings is to facilitate therapy sessions as needed and discussed between provider and patient. I understand and agree that Riverstone cannot guarantee that this mode of services is secure and protected to the fullest extent based on Zoom being a separate entity from Riverstone. I understand and agree that this service is only to be used to conduct virtual therapy sessions and is not saved or retained as part of the patient's or the therapist's clinical file.

- I give consent

- I DO NOT give consent

Client's Name	Signature	Date
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Parent/ Guardian's Name	Signature	Relationship to Patient	Date
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