



TELEHEALTH - INFORMED CONSENT

This Informed Consent for Telehealth contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us. [Please note that this special Telehealth Informed Consent is not intended to replace or negate the Agreement for Services previously signed when you initiated treatment here at the Center for Psychological Services.]

Benefits and Risks of Telehealth

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of Telehealth is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of Telehealth, there are some differences between in-person psychotherapy and Telehealth, as well as some risks. For example:

- Risks to confidentiality. Because Telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. However, it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact Telehealth. For example, technology may stop working during a session, other people might be able to gain access to our private conversation, or unauthorized people or companies could access stored data.
- Crisis management and intervention. Usually, I will not engage in Telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in Telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our Telehealth work.
- Efficacy. Most research shows that Telehealth is about as effective as in-person psychotherapy. However some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of Telehealth service to use. You may have to have certain computer or cell phone systems to use Telemental-Health services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in Telehealth.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our Telehealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should take reasonable steps to ensure the security of our communications (e.g., only using secure networks for Telehealth sessions and having passwords to protect the device you use for Telehealth).

The extent of confidentiality and the exceptions to confidentiality that are outlined in our Informed Consent Service Agreement still apply in Telehealth. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of TeleMental-Health

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that Telehealth is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting Telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in Telehealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you provide authorization that allows me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back – instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-connect with you via the Telehealth platform on which we agreed to conduct therapy. If you do not receive a callback within two (2) minutes, then call me on the phone number I provided you: () _____ - _____.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for Telehealth as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payer, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in Telehealth sessions in order to determine whether these sessions will be covered.

Records

The Telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Emergency Procedures Specific to Telehealth Services

There are additional procedures that we need to have in place specific to Telehealth services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telehealth services are not appropriate.
- I require an Emergency Contact person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person’s name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if you, your ECP, or I determine it is necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above. Please list your ECP below:

Name: _____ Phone: _____

- You agree to inform me of the address of your location at the beginning of every Telehealth session.
- You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to (usually located where you will typically be during a Telehealth session) in the event of a mental health emergency. Please list this hospital and contact number below:

Hospital: _____ Phone: _____

Signature of client (at least 12 yrs. of age) Date **Printed name of client**

Signature of parent/guardian of minor 12 yrs Date **Printed name of guardian/relationship**
(or partner #2 of couple)