

Informed Consent for Teletherapy

This is to provide you with information regarding teletherapy so that you can make an informed decision regarding your teletherapy participation.

About Teletherapy: Teletherapy is a form of distance therapy that can be used in place of face-to-face therapy in appropriate situations. Teletherapy is not appropriate for all therapy situations but can be used very effectively for many therapy situations.

My Teletherapy Platform: Teletherapy will be provided through Sessions by Psychology Today (a HIPAA compliant video & messaging application) which is an encrypted teletherapy platform available to Psychology Today members (such as myself) and free for use with my patients. I host teletherapy sessions with my patients via mobile apps available on iOS and Android devices. I can host up to 3 participants in a session at one time (myself and 2 clients). Prior to the start of your session I will send you a text message with a link to start the session.

Risks/Client's Responsibilities/Client's Protection: When using technology for communication, there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed, and the security of the devices used may be compromised. Although your therapist will make reasonable efforts to protect the privacy and security of all electronic communication with you, it is not possible to completely secure the information. If you use any other methods of electronic communication with your therapist, other than the means recommended by your therapist, there is a reasonable chance that a third party may be able to intercept that communication.

With the use of technology, it is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. I encourage you to only communicate through a mobile device, that you know is safe and secure. You are responsible for reviewing the privacy settings and agreement forms of any applications or technology that you use. Please contact me with any questions that you may have regarding privacy measures.

Client Agreement: By signing this form, you agree to:

- Avoid using mind altering substances prior to and during session
- Hold the session in a private area appropriate for a web-based session
- Do not have anyone else in the room/area unless you first discuss it with me
- Do not conduct other activities while in session
- Do not record sessions without first obtaining my approval

Limitations of Distance Therapy: Distance therapy is an alternative form of therapy with certain limitations. By signing this document, you agree that you understand that distance therapy:

- May lack visual and/or audio cues, which may cause misunderstanding. Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens, it is important to check out your assumptions. This will reduce any unnecessary hardship.
- May have disruptions in the service and quality of the technology used.
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.

Emergency Management for Distance Therapy: So that I am able to get you help in the case of an emergency and for your safety, the following are important and necessary. In addition, by signing this agreement form you are acknowledging that you understand and agree to the following:

- You agree to inform your therapist of the location you will be in during our session and will inform me if this location changes.
- You agree to identify an emergency contact person whom your therapist is allowed to contact in the case that I believe you are at risk (see below).

- Depending on my assessment of risk, you or I may be required to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and if I deem necessary, call 911 and/or transport you to a hospital. In addition, I may assess, and therefore require, that you create a safe environment at your location during the entire time that you are in treatment with me. This may mean disposing of all firearms and excess medication from your location.

Emergency Contact Name: _____

Relationship to You: _____

Phone Number(s): _____

Backup Plan in Case of Technology Failure: Sometimes technology failures can arise before or during a teletherapy session. If you get disconnected from a session, restart the session from the link I texted to you. If you are unable to reconnect within five minutes, text me and I will call you back. If we cannot reconnect, contact me to schedule another session. If this happens as a result of my phone or phone service, and we are not able to reconnect, you will not be charged for the session.

You may, at any time during the course of your treatment, withdraw your authorization of teletherapy by contacting me and advising me of your wish to discontinue teletherapy. By signing below, you acknowledge that you agree that you have read and understood this agreement form and agree to accept teletherapy.

Client Printed Name

Client Signature

Date

Parent/Legal Guardian Printed Name

Relationship to Client

Parent/Legal Guardian Signature

Date
