

## INFORMED CONSENT FOR TELE-PSYCHOTHERAPY

This Informed Consent for Tele-psychotherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully.

### **Benefits and Risks of Tele-psychotherapy**

Tele-psychotherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of this 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. Tele-psychotherapy, however, requires technical competence on both parts to be helpful. Although there are benefits, there are some differences between in-person psychotherapy and tele-psychotherapy, as well as some risks. For example:

- **Risks to confidentiality.** Because tele-psychotherapy 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. Our therapists take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for your session where you will not be interrupted. It is also important for you to protect the privacy of your session on your cell phone or other device. You should participate in therapy 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 tele-psychotherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- **Efficacy.** Most research shows that tele-psychotherapy 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**

For communication between sessions, email communication and text messaging is only used with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with this office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that confidentiality of any information communicated by email or text cannot be guaranteed. Email or text messages are not checked regularly and **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, please contact the office; calls are usually returned within 24 hours except on weekends and holidays. If you cannot wait for a return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

### **Confidentiality**

The nature of electronic communications technologies is such that our office cannot guarantee that communications will be kept confidential or that other people may not gain access to our communications. We make reasonable efforts to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there remains a risk that electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for tele-psychotherapy sessions and having passwords to protect the device you use for tele-psychotherapy).

The extent of confidentiality and the exceptions to confidentiality outlined in the Informed Consent still apply in tele-psychotherapy. Please address any questions that you may have.

### **Appropriateness of Telepsychotherapy**

You and your therapist will continually monitor the appropriateness of this therapeutic format. If tele-psychotherapy is no longer the most appropriate form of treatment for you, other options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services will be discussed.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting tele-psychotherapy than in traditional in-person therapy. To address some of these difficulties, you are asked to identify an emergency contact person on the Consent to Treatment at the start of sessions.

If the session is interrupted for any reason, such as a technological connection failure, and you are having an emergency, call 911 or go to your nearest emergency room. Upon calling or obtaining emergency services, please call the office with a status update.

If the session is interrupted and you are not having an emergency, disconnect from the session, wait two (2) minutes and then re-connect via the tele-psychotherapy platform being used to conduct the session. If you cannot re-connect with your therapist within two (2) minutes, call the office at 954-345-5644.

If there is a technological failure and you 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 tele-psychotherapy as apply for in-person psychotherapy. If your insurance, HMO, third-party payor, 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 tele-psychotherapy sessions in order to determine whether these sessions will be covered.

**Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Records of each session are kept in the same way as records of in-person sessions in accordance with office policies.

**CONSENT TO TELEPSYCHOTHERAPY**

Your signature below indicates that you have read this Agreement and agree to the terms.

			<b><u>IF CLIENT IS A DEPENDENT:</u></b>
Client Name		Guardian Name	
Signature		Signature	
Date		Date	