

## **Informed Consent for Telehealth Services**

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.

### **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. 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. But 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 get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- 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 may need to 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 telehealth 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 also take reasonable steps to ensure the security of our communications (for example, 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 I outlined in my Informed Consent still apply in telehealth. I understand that I have the right to access my patient information and copies of my patient records in accordance with Illinois law. Please let me know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Telehealth**

I will let you know if I have concerns 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. I will ask you to provide me with 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 if needed. Your signature at the end of this form authorizes 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. Either you or your emergency contact should contact me after you are safe and have called or obtained emergency services.

### **Technical Disruptions**

If the session is interrupted and you are not having an emergency, disconnect from the session and I will attempt to re-contact you via the telehealth platform on which we agreed to conduct therapy. If there is a technological failure and we are unable to resume the connection, I will

contact you via email to reschedule the remainder of our time together. If we are unable to do so, your session time will be prorated accordingly.

**Fees**

Standard fees apply to telehealth. Please review the Informed Consent regarding my standard fees.

**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.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Please include an emergency contact and contact number. Your signature below indicates agreement with its terms and conditions.

\_\_\_\_\_  
Emergency Contact / Relationship

\_\_\_\_\_  
Phone Number

By providing my electronic signature, I consent for Kate Hinkle, PsyD to provide telehealth services and to contact my emergency contact should the need arise.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

***After completing this form save the changes and upload your document into the patient portal. You will be prompted to sign the form electronically in the patient portal—please provide an electronic signature.***