

POLICY STATEMENT – TELETHERAPY/TELEPSYCHOLOGY

The following policy statements concerning T/T are additions to all policies outlined in the original APA Policy Statement. *I understand that I have the following rights and agree to the following policies for the use of teletherapy/telepsychology (T/T) for therapy or treatment.*

1. I have the right to withhold or withdraw consent for T/T at any time without affecting my right to future care or treatment.
2. **Possible Benefits and Risks related to T/T.** I understand that I may benefit from T/T in the same manner as face-to-face services, but I am aware that the results for either are never guaranteed or assured.
 - a. I understand that there may be potential risks and benefits associated with any form of psychotherapy. Despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may worsen.
 - b. T/T-based services and care may not be as complete as face-to-face services. If my therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services), it will be discussed with me.
3. **Privacy.** I understand there are privacy risks from T/T, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my information could be accessed by unauthorized persons. In very rare instances, security protocols could fail, causing a breach of privacy of personal health information.
 - a. The platform preferred by Arundel Psychological Associates is <https://doxy.me/>. The platform meets HIPAA's standards of encryption and privacy protection. Even at this high level of protection, we cannot guarantee privacy.
 - b. The same rules concerning confidentiality stated in the original APA Policy Statement remain in effect with T/T. There continue to be mandatory exceptions to confidentiality when the safety and welfare of the client or significant others are in jeopardy.
 - c. The client will not record any T/T sessions without the prior written consent of the therapist. My therapist will not record any of our sessions without my prior written consent.
 - d. I will inform my therapist if any other person can hear or see any part of our session before the session begins. My therapist will also inform me if any other person can hear or see our session before we begin the session.
4. **Within-State Requirement.** Although video-conferencing may be used when the client and therapist are in different locations in the same state, *licensure regulations only allow a session to be conducted in the state in which the therapist is licensed (State of Maryland). You must notify your therapist if you are planning to participate in a session outside the state of the therapist's license.*
5. **Emergency Planning.** During our first T/T session, an emergency response plan will be discussed:
 - a. If I am experiencing an emergency situation, I acknowledge that if my therapist believes there is imminent harm to myself or any other person, I will seek care immediately through my own local health care provider, psychiatrist, nearest hospital emergency room department, or by calling 911. If I am having suicidal thoughts or making plans to harm myself, I can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support.
 - b. I agree to contact emergency personnel (911) on the recommendation of my therapist should my condition place my own health, or the health of another, at imminent risk.

- c. By signing this document below, I am stating that I am aware that my therapist may contact the necessary authorities in case of an emergency.
6. **Fees.** Fees for T/T sessions are charged at the same rate as in-person sessions as outlined in the general Arundel Psychological Policy Statement, previously signed.
7. **Equipment and Electronic Platforms.** The platform preferred by Arundel Psychological is <https://doxy.me/>. You will not have to purchase a plan or provide your full name when accepting an invitation to begin a session via email.
- a. At this time, Arundel Psychological can only send invitations via email. Once the email is received, click on the link, follow the simple screen prompts to enter your first name, allow access to your camera and microphone, and your therapist will then start the session
 - b. Clients will need to provide a device through which to conduct T/T. This will include a screen, microphone, video camera and speaker. This can be done with a PC, Mac, iOS, or Android; on a computer, laptop, tablet or smart phone. Larger stationary screens and high definition cameras are recommended. You must be able to receive the invitation email on the device that you will use for the T/T session. Access to WIFI is preferred for enhanced audio and video quality, but it is not required. Restarting your device prior to your session is also recommended. Please make sure your device is sufficiently charged to accommodate the length of the session.
 - c. Your therapist will obtain or confirm an alternative method of contacting you in case of a technological failure.
 - d. Additional FAQs and troubleshooting for using Doxy.me is available on their website at: <https://doxyme/patients>.

By signing this policy statement and returning it to Arundel Psychological, I certify that I have read, understand and agree to the information provided above. I consent to engage in T/T with a therapist associated with Arundel Psychological Associates.

Client: _____ Date: _____
Signature of Client (parent/guardian if under 18): Electronic Signature and Date:

Client: _____ Date: _____
Signature of Client (parent/guardian if under 18): In-Person Signature and Date