



INFORMED CONSENT FOR TELEHEALTH PSYCHOTHERAPY

This consent contains information pertaining to psychotherapy using HIPAA compliant video visits. Please read this carefully and notify our practice if you have any questions.

Informed Consent for Telehealth Psychotherapy is not intended to replace or negate the Consent for Treatment previously signed when a client initiated treatment at Health and Therapy for Women.

Benefits of Telehealth

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies (i.e. video). Health and Therapy for Women utilizes Kareo Telehealth, HIPAA compliant video technology, for telehealth psychotherapy visits. Telehealth visits can be conducted on a computer, tablet or mobile device. One of the benefits of telehealth is 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 is unable to meet in person. These visits can be more convenient and can often take less time than in-person visits.

Risks to Confidentiality

Telehealth sessions take place outside of our practice location, there is potential for other people to overhear sessions. We are stressing the importance in this consent that a client, prior to agreeing to a psychotherapy session, has a securely private location for the session to occur where you will not be interrupted. Our practice will take all reasonable steps to ensure privacy on our end (i.e. audio headsets for clinicians). It is also important for you to protect the privacy of our session on your mobile device, tablet or computer. You should participate in telehealth 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

If a client is experiencing an acute crisis, our practice will not engage in telehealth. These clients often require higher 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 (i.e. alternative treatment options, being referred to a triaging mental health facility).

Efficacy

Most research shows that telehealth can be effective as in-person psychotherapy. However, other research implies that something (e.g. communication barriers, comfort level for disclosure) is strained or lost by not being in the same room. As we work together, we can decide if telehealth visits are suitable for your specific needs and optimal therapeutic goals.

Electronic Communications

A client is required to have a properly functioning mobile device, tablet or computer. A client is solely responsible for any cost to obtain any necessary equipment, and/or accessories, to take part in telehealth.

Confidentiality

Health and Therapy for Women has a legal and ethical responsibility to protect all communications that are a part of telehealth. The nature of electronic communications technologies is such that our practice cannot guarantee that all communications will be kept confidential or that other people may not gain access to our communications. Kareo Telehealth is equipped with the most modern telehealth using updated encryption methods, firewalls, and back-up systems to help keep your information private. However, there is a risk that electronic communications may be compromised, unsecured, or accessed by others. As we strive to do our part, a client 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 used for telehealth). The extent of confidentiality and the exceptions to confidentiality that are outlined in our Consent for Treatment apply in Telehealth. Please let our staff know if you have any questions about exceptions to confidentiality.

Appropriateness of Telehealth Psychotherapy

As we work together, we can discuss and determine if telehealth is appropriate, or no longer the most appropriate form of treatment. Alternative options for engaging in in-person psychotherapy or referrals to another professional in your location who can provide appropriate services will be discussed.

Recording and Records

Telehealth sessions are NOT recorded, either by our practice or a client, in any way unless agreed upon in writing by mutual consent. Our practice maintains a record of each session in the same way records are maintained for in-person psychotherapy sessions (HIPAA compliant EMR system) and in accordance with our practice policies.

Client Responsibility and Fees, Payment

A client is required to have a properly functioning mobile device, tablet or computer. A client is solely responsible for any cost to obtain any necessary equipment, and/or accessories, to take part in telehealth. Clients are responsible for securing the privacy of their environment while participating in telehealth

services. The same fee rates will apply for telehealth as apply for in-person psychotherapy. Insurance or other managed care providers typically cover sessions that are conducted via telecommunication. If you plan to use health insurance, our staff can assist with confirming coverage of telehealth services prior to the sessions. Payment for telehealth services will be collected at the time of service by a credit card on file.

Technology Issues

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not attempt to contact our practice back, instead - call 911, or go to your nearest emergency room. Call our practice 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 we will wait two (2) minutes and then reconnect 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 the phone number: (847) 748 - 4069.

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.

Emergency Procedures Specific to Telehealth Services

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person psychotherapy. To address some of these difficulties, our practice requires that all clients participating in telehealth services have an established and recorded Emergency Plan. An Emergency Contact Person (ECP) is a person whom you trust and can rely on, who is near your location and who we may contact in the event of a crisis or emergency to assist in addressing the situation. We will ask a client to provide authorization allowing our practice to contact the ECP as needed during such a crisis or emergency.

Additional procedures need to be in place addressing specific emergent needs that may occur during telehealth services. These procedures are essential for a client's safety in case of an emergency and are as follows:

1. A client will provide, at the start of each psychotherapy session, the address of the location they are located at, nearest mental health hospital to their primary location in the event of a mental health emergency.
2. A client understands if they are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that assisting and solving the issue(s) remotely is not adequate. A higher level of care will be required (i.e. calling 911, going to nearest emergency room)

3. Our practice requires an Emergency Contact person (ECP) who may be contacted on your behalf in a life threatening emergency only. Please provide this person's name and contact information. Our practice will **only** contact your ECP if needed in an emergency situation. Additionally, if you, your ECP, and our staff, determine it is necessary, the ECP may assist in escorting you to the hospital or contact emergency services by calling 911.

My signature below acknowledges that I, individually, and/or on behalf of my minor child, have read and understood the above information and agree to the terms stated. I sign this consent voluntarily, freely, and without duress. I indicate that Telehealth Psychotherapy is available and fully explained to my satisfaction. I have had the opportunity to receive information about Telehealth Psychotherapy and I consent to this treatment. Even after signing, I can still refuse this service or withdraw treatment at any time. If I have questions pertaining to Telehealth Psychotherapy, I will make further inquiries prior to signing this consent. I am entitled to a copy of this agreement

Print Name: _____ Date: _____
Signature: _____ Phone: _____

**Emergency Contact Person(s) below:
(ALL CLIENTS MUST LIST A CONTACT PERSON PRIOR TO PARTICIPATING IN
TELEHEALTH PSYCHOTHERAPY)**

Emergency Contact Person Name (ECP): _____
Address: _____ **City:** _____
Relationship to client: _____
Confirmed with ECP willingness to assist client: _____ **Date** _____
Contact number(s) for ECP: _____

Special Notes you would like us to know: _____

