Coyle & Mattern, LLC

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**Teletherapy Consent and Explanation of Services**

This *Informed Consent* *for Teletherapy* contains important information focused on the provision of psychotherapy using the phone or internet. Please read this document carefully and let me know if you have any questions. When you sign this document, this will represent an agreement between us for the provision of mental health services.

**Benefits and Risks of Teletherapy Services**

Teletherapy refers to the act of providing psychotherapy service es remotely using telecommunications technologies, such as video conferencing or telephone service platforms. One of the benefits of teletherapy is that you and I can engage in professional services without being in the same location. This can be helpful by ensuring continuity of care if either of us moves to a different location, takes an extended leave or vacation, is otherwise unable to continue to meet in person due to sickness, or injury, or COVID-19 Pandemic-related restrictions, prevent face-to-face interactions. This service delivery platform can also be more convenient and take less time. Teletherapy requires technical competence on both provider and client in order to be effective. While teletherapy can be helpful, there are also differences between in-person psychotherapy and teletherapy, as well as some risks. They are as follows:

1. Risks to Confidentiality. Teletherapy takes place outside the confines of a private office setting. This opens you to the potential for other persons to overhear sessions if you are not located in a private setting. I will take every reasonable precaution to ensure your privacy on my end. I will request you find a private place for our sessions where you will not be interrupted. Protecting your privacy on a cell phone or other device (i.e., I-pad) is also important.
2. Issues related to technology. There are a myriad reasons technology issues may impact teletherapy. Sometimes storms or other weather-related issues can impact Wi-Fi service delivery. Remote locations can also affect the quality of internet services. This may interrupt teletherapy sessions, or others may gain access to our private conversation. Stored data (i.e., iCloud) could also be accessed by unauthorized persons or companies. I will take every reasonable step to ensure privacy and confidentiality through my use of HIPAA compliant, encrypted technological services, passwords, and anti-virus software.
3. Crisis management and intervention. I will typically not engage in teletherapy services with clients who are *currently* in a crisis situation requiring acute levels of support and intervention. Before engaging in teletherapy services, we will develop an emergency response plan to address potential crisis situations that may arise during the course of teletherapy.
4. Efficacy. Social science research reveals that teletherapy, is about as effective as in-person psychotherapy, in general. However, there is not currently data to support that teletherapy is *as effective* as the in-personpsychotherapy you will be receiving. Some therapists believe that some element of the therapeutic alliance is lost without being in the same room with one another. For example, there are debates about the clinicians’ ability to interpret and understand many of the non-verbal cues clients reveal in person versus working remotely.

**Electronic Communication**

I reserve the right to choose the electronic platform for services. I will use reasonable caution in choosing a platform, mindful of the obligation to privacy and confidentiality, as set forth by the National Association of Social Worker’s (NASW) standards for private practice, and my ethical commitment to client services. You may be required to use a specific computer or cell phone to access teletherapy services. You are solely responsible for any costs incurred to obtain necessary equipment, accessories, or software, to take part in teletherapy services.

**Confidentiality**

I have a legal and ethical responsibility to the best of my ability to protect all communications that are a part of my teletherapy services. However, the nature of electronic communication technology is such that I cannot guarantee that communications will be kept confidential or that other persons will not gain access to our communications. I will use updated encryption methods firewalls, passwords, and software to help keep your information private. There is always a risk that our communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, using only secure networks and password protected devices). The extent of confidentiality and the exceptions to confidentiality that is outlined in this *teletherapy consent for treatment* document applies to all teletherapy sessions. Please let me know if you have any questions about exceptions to confidentiality.

I understand the following as it applies to telehealth services:

1. I understand that I have a right to withdraw consent at any time without affecting my right to future care or services to which I would otherwise be entitled.
2. I understand there are risks, benefits and consequences associated with teletherapy, including but not limited to disruption of transmission by technology failures, interruptions or breaches to confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand information disclosed in sessions and written records pertaining to teletherapy sessions are confidential and may not be disclosed without written authorization, except where disclosure is permitted or required by law.
4. I understand that privacy laws which protect confidentiality of my protected health information (PHI) also applies to teletherapy sessions, unless an exception such as the mandatory reporting of child, elder, or vulnerable adult abuse, danger to self or others; I raise a mental health/emotional health issue in a legal proceeding.
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and require a higher level of mental health care provision.

**Emergency Protocols**

I need to know your location in case of an emergency. You agree to inform me of the address where you will be at the beginning of each teletherapy session. I also need information for a contact person who I may contact on your behalf in a life-threatening emergency only. This person will be asked to travel to your location, or to the nearest local hospital in the event of an emergency.

In case of an emergency, my location is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the above information and discussed with the therapist. I understand the information contained in this document and all of my questions have been answered.

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Signature of Client Date

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Signature of Therapist Date