

# Nancy Curotto, Psy.D, LLC/ Pet Loss Psychotherapy

## Tele-Behavioral/Virtual Treatment Informed Consent

### Introduction of Tele-behavioral Health:

As a client or patient receiving behavioral services through tele-behavioral/virtual technologies, I understand:

- Tele-behavioral/virtual health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.
- The interactive technologies used in tele-behavioral health incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

### Software Security Protocols:

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

### Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

### Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

### Exchange of Information:

- The exchange of information will not be direct, and any paperwork exchanged will likely be provided through electronic means or through postal delivery.
- During my tele-behavioral/virtual treatment/consultation, details of my medical history and personal health information may be discussed with myself or other medical and/or behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.

### Local Practitioners:

- If a need for direct, in-person services arises, it is the client/patient's responsibility to contact their behavioral practitioner's office for an in-person appointment or their primary care physician if their behavioral practitioner is unavailable. I understand that an opening may not be immediately available in either office. Clients/patients may also contact practitioners in their area such as practitioners at local community mental health centers and/or practitioners found on their medical health insurance website to schedule an appointment

### Self-Termination:

- I may decline any tele-behavioral health services at any time without jeopardizing my access to future care, services, and benefits.

### Risks of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.
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### Modification Plan:

- The practitioner and client/patient will regularly reassess the appropriateness of continuing to deliver services through the use of the technologies agreed upon today and modify the plan as needed.

### Reimbursement:

- It is very important the client/patient consult with their medical health insurance plan/carrier to determine if your specific plan offers Tele-Behavioral/Virtual Treatment Reimbursement and obtain information about co-payments, co-insurance and/or deductibles and session limitations.

### Emergency Protocol:

- In the event of a psychiatric emergency, the office of Nancy Curotto, Psy.D LLC will follow emergency protocols outlined in the consent for treatment and HIPAA documents. In the event of a psychiatric emergency, I agree to Call 911 and/or go to my nearest emergency room.

### Disruption of Service:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
  - Should service be disrupted , we will do our best to reestablish a virtual connection, or reconnect via the telephone, or by sending an email via the Jituzu Client Portal or [nancy@curottopsyd.com](mailto:nancy@curottopsyd.com)

### Practitioner Communication: **See Communication Policy**

- I understand the practitioner may utilize alternative means of communication in the following circumstances:
  - Electronic blackout
  - Power outage
  - Internet service Failure
- My practitioner will respond to communications and routine messages within 48 hours unless they are out of the office. If they are out of the office and unavailable, I understand instructions about coverage and an identified on-call practitioners can be found on the office outgoing voicemail at 312-409-7182.

### Client Communication:

- It is the client/patient's responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
- The client/patient agrees to take the following precautions to ensure that communications are directed only to the practitioner or other designated individuals:

### Storage:

- My communication exchanged (i.e. treatment notes/progress notes, signed authorizations for release and onboarding documents) with my practitioner will be stored in the following manner: My Client Plus Electronic Medical Record and/or encrypted files. The virtual appointments will not be recorded by either client or therapist.

### Laws, Standards & Ethics:

- The laws and professional standards/ethics that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.