



## Teletherapy Patient Information and Informed Consent

### Introduction

Teletherapy is the delivery of mental health services using interactive audio and visual electronic systems where the clinician and the patient are not in the same physical location. Before beginning teletherapy services, you and your provider will discuss and agree to the following:

### Potential benefits of teletherapy

- Increased accessibility to mental health care
- Client necessity

### Potential Risks with teletherapy

As with any healthcare service, there may be potential risks associated with the use of teletherapy. These risks include, but may not be limited to:

- Technological issues might impact services. For example, technology might stop working during a session. If this happens, your provider will try to reestablish the connection or call you to make other arrangements.
- We will use a HIPAA compliant platform for teletherapy; however, security protocols can fail (although extremely unlikely), causing a breach of privacy of confidential information.
- Teletherapy is an essential alternative to face to face counseling sessions. However, some providers believe that something is lost by not being in the same room. There is debate about a therapist's ability to fully understand non-verbal information when working remotely.

### Confidentiality Standards required for teletherapy:

- Because services are taking place outside of the provider's office, steps need to be put in place to ensure privacy. Wherever possible, you will need to be in a private location where others will not overhear the session and there will be no interruptions. You will also need a smartphone or webcam and a secure internet connection, rather than public/free Wi-Fi.
- HIPAA confidentiality requirements and exceptions apply the same for teletherapy as for face-to-face consultations.

### Emergencies

Any mental health emergency should be handled in the same way it would be when obtaining in office services.

- In the event of an emergency where you feel unsafe, please call 911 or go to your nearest emergency room. For other emergencies, call Creekside Counseling at 208-529-5777. During business hours, the office personnel will take appropriate measures to direct you. After hours, please call the emergency number provided on our voicemail. If you are unable to reach the office or our emergency number for any reason, please go to your nearest emergency room or call 911.

**Client Rights and Responsibilities**

1. I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
2. I understand that my provider has the right to withhold or withdraw her/his consent for the use of teletherapy during the course of my care at any time.
3. I understand that teletherapy sessions are not to be recorded.
4. I understand that I must be in the state of Idaho to receive teletherapy services.
5. I understand it is my responsibility to check with my insurance company to see if teletherapy is covered under my policy.

**Fees and Payment**

Fees will be the same for teletherapy as for in-person services. If services are not covered by insurance for any reason, the client will be solely responsible for the entire fee of the session(s).

**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. Your signature below indicates agreement with its terms and conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Guardian Signature

\_\_\_\_\_  
Printed Name