

# INFORMED CONSENT FOR TELETHERAPY

This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using telecommunication technologies. When you utilize teletherapy services, you are agreeing you have read and consent to the terms below:

**BENEFITS AND RISKS OF TELETHERAPY:** "Teletherapy" refers to providing psychotherapy services to you by a therapist using telecommunications technologies (e.g. video conferencing, telephone, text, and email). One of the benefits of teletherapy is that the client and clinician can engage in services without being in the same physical location. However, there are some differences between in-person psychotherapy and teletherapy, as well as some risks such as:

- Risks to confidentiality. There is potential for other people to overhear sessions if you are not in a private place during the session. I will take reasonable steps to ensure your privacy, but it is important for you to make sure you find a private place for our session where you will not be interrupted and where others cannot overhear our conversation.
- Issues related to technology. Technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention.

**ELECTRONIC COMMUNICATIONS:** Depending on the type of telehealth services, you will need to use a webcam, smartphone, or telephone during the session. We will decide together which kind of teletherapy service to use. I typically use a web-based service called doxy.me or through a landline telephone. You will need access to, and familiarity with, the appropriate technology to participate in the service provided.

**CONFIDENTIALITY:** The nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should take reasonable steps to ensure the security of our communications (e.g. use secure networks, have passwords to protect the device you use for teletherapy, be in a private space away from others). The extent of confidentiality and the exceptions to confidentiality that are outlined in the Informed Consent still apply in teletherapy.

**APPROPRIATENESS OF TELETHERAPY:** I will let you know if I decide that teletherapy is no longer the most appropriate form of treatment for you. I may need to reserve the right to make this decision on my own clinical judgment, especially in times of crisis. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services. Teletherapy will only be offered to persons located within the state(s) in which I am licensed at the time of service.

**EMERGENCIES AND TECHNOLOGY:** If we are disconnected from the session, I will attempt to re-contact you via the teletherapy platform on which we agreed and/or attempt to reach you by phone. If you do not receive a call back within 5 minutes, then call Stonestreet & Associates at 785-273-7292. You will identify an emergency contact whom I can contact in the event of a crisis or emergency. Please update your emergency contact information periodically. If you are having an emergency, and the session is interrupted for any reason, call 911 or go to your nearest emergency room. Call my office after you have obtained emergency services.

**FEES:** The same fee rates will apply for teletherapy as in-person psychotherapy. If your insurance or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company to determine whether teletherapy sessions are covered. I require 24 hour notice for cancellation for teletherapy appointments. If the session is interrupted, and after reasonable and mutual attempts to resume by Internet or phone we cannot reconnect, you will be charged the prorated amount of the actual session time.

**RECORDS:** The teletherapy sessions shall not be recorded in any way unless agreed to, in writing, by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

**OTHER CONCERNS:** When engaging in a teletherapy session, please also keep the following aspects in mind: Determine the appropriate location in your home (this should be free of distractions like family and pets). Determine ahead of time the best reception in your chosen location. Dress appropriately as you would for a session. Refrain from eating and smoking during the session as these can make it difficult to hear you clearly. Do not use alcohol or other drugs before or during the session. Make sure any personal weapons are put away and locked up. Ensure the device you will be using is fully charged. This is very important as teletherapy services may drain the battery quickly.

**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. When you utilize teletherapy services, you have read, understand, and agree to the aforementioned terms.

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Client/Representative Signature

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Date

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Therapist Signature

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Date