

## INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

### Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that 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 moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end 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. It is also important for you to protect the privacy of our session on your cell phone or other device. Only people who are participating in the session should be in the room or able to overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session and plans need to be in place to manage that situation
- Crisis management and intervention. Telepsychology may not be appropriate for those who are currently in a crisis situation requiring high levels of support and intervention.
- Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy.

### Electronic Communications

We will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, inviting you to join a new session, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your physician, the nearest emergency room, or the Crisis Center at (205) 323-7777. If I will be unavailable for an extended time, an emergency on-call contact will be available through our voice mail at (205) 403-0955.

### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. The Health Insurance Portability and Privacy Act (HIPPA) guidelines for protecting electronic communications are followed by our office and the providers of our telepsychology software platforms. Additionally, you should also take reasonable steps to ensure the security of our communications (for example, having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent *that you signed* still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Telepsychology.**

I will let you know if I decide that telepsychology is no longer the most appropriate form of treatment for you. We will discuss options and/or referral to appropriate services.

### **Emergencies and Technology**

In order to reduce the difficulty of managing threats and emergencies during telepsychology sessions I will, at the beginning of each telepsychology session, ask you to provide:

- Your current location,
- A phone number where I can reach you, and
- A person I can contact in the event of an emergency.

If you are having an emergency and the session is interrupted for any reason, such as the technological connection fails, do not call me; instead, call 911, The Crisis Center at (205) 323-

7777, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

**Non-emergency Technology Problems.**

If the session is interrupted and you are not having an emergency, disconnect from the session and I will attempt to re-contact you via the telepsychology platform on which we agreed to conduct therapy within two minutes. If you do not receive a contact from me within two (2) minutes, then call me on the phone number I provided you (usually (205) 403-0955).

If there is a technological failure and we are unable to resume the connection, you will only be charged the most appropriate CPT code based on the actual session duration.

**Fees**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, 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 prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered. Copayments are due at the time of service and we will work with you to provide an acceptable payment option.

**Records**

The telepsychology sessions shall **not be recorded** in any way, neither by you nor by me, 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.

**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.

\_\_\_\_\_  
Patient (ages 14 and up)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date