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## CONSENT FOR TELEPSYCHOTHERAPY SERVICES

Telepsychotherapy, is service provided under the umbrella of telehealth. It is defined as psychotherapy conducted by a licensed therapist at a location different from the patient's through two-way communication technology supporting real-time, audio and video interactivity. The delivery of such healthcare is subject to existing standards of care and conduct.

After carefully examining the unique benefits and the appropriateness of psychotherapy, when it is not possible to meet in-person, a therapist may offer telepsychotherapy.

Although it may be of benefit and appropriate to provide telepsychotherapy, it is not always possible due to laws and regulations that govern the provision of telepsychotherapy services utilizing telecommunication technologies specific to the jurisdiction where the patient resides and/or therapist practices.

Furthermore, even though it may be of benefit, appropriate, and legal to provide telepsychotherapy across jurisdictional or international borders, an insurance company may not reimburse for treatment occurring via this modality. Reimbursement for telepsychotherapy is not required and each insurance company has their own reimbursement policies. You are responsible to communicate with your insurance company to understand your out-of-pocket cost.

As with any medical procedure, there are expected benefits and potential risks associated with telepsychotherapy.

Expected benefits include, but are not limited to:

- Improved access to care.
- Convenience.
- Accommodation to special needs.

Possible risks include, but are not limited to:

- Telepsychotherapy services may not be as complete as in-person services.
- Transmission could be disrupted, distorted, delayed or terminated by technical failures. In rare cases, such insufficient communication may not allow for anticipated telepsychotherapy session.
- Despite reasonable safeguarding efforts, transmission could be interrupted by unauthorized person or security protocols could fail, causing a breach of privacy and confidentiality of personal medical data.
- Overage charges on your communications data plan.

Since the remote environment is out of the control of the therapist, it is your responsibility to ensure sessions are not interrupted, are free of distractions, and that the setting is comfortable and conducive to making progress and to maximize the impact of the service provided. During the session, be mindful of turning off apps and notifications on your computer or smartphone. The therapist will do so as well.

You agree to not record the session without permission.

You or the therapist can discontinue a telepsychotherapy session if it is felt the connection is not adequate.

The therapist will continually monitor and assess to determine if the provision of telepsychotherapy services is appropriate and beneficial. If there is a significant change in you or in the therapeutic interaction to cause concern, the therapist will make reasonable effort to adjust and reassess the appropriateness of the services delivered via telepsychotherapy.

When it is believed that telepsychotherapy is no longer beneficial or presents a risk to your emotional or physical well-being, the therapist will thoroughly discuss these concerns and appropriately terminate remote care with adequate notice.

If in-person sessions with the therapist are not possible, a referral to alternative in-person care will be made. It is your responsibility to ensure that referral instructions are followed timely.

### **Ethical Concerns**

If you have ethical concerns at any point of treatment, but especially with regard to telepsychotherapy, please first discuss with your therapist.

### **Certification**

By signing this form, I certify the following:

- I fully understand the laws that protect the confidentiality of my medical information also apply to telepsychotherapy. As such, I understand that the information disclosed by me during the course of my treatment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and vulnerable adult abuse.
- I have read and understand the information provided above regarding telepsychotherapy.
- I fully understand its contents including the risks and benefits.
- I have been given ample opportunity to ask questions and questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telepsychotherapy in my healthcare.

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Signature/ Date

\_\_\_\_\_  
Name