

INFORMED CONSENT AGREEMENT FOR TELETHERAPY

This Informed Consent Agreement for Teletherapy specifies what you and I can expect from one another when using this form of counseling. Please read this agreement carefully, and let me know if you have any questions. This agreement is intended as a supplement to the *Service Agreement* that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. After reviewing this agreement, you will need to sign it indicating that you agree with its contents.

Teletherapy refers to providing counseling services remotely using video conferencing using a cell phone, tablet or computer, so that we can both see and hear each other in real time. I will be work from my office and you can be in a place of your choosing.

Insurance: As each medical insurance policy is different, it is important that you determine if Teletherapy is a covered service. To determine if you are covered, you will need to call the Member Services number that is found on your insurance card and indicate that you want to receive these services. You are responsible for determining if your plan will cover Teletherapy and will be responsible for the whole fee if we use Teletherapy and your plan does not cover this service. If your insurance plan does not cover Teletherapy, you have the right to appeal their decision. Receiving Teletherapy should not cost you any more than receiving counseling in person and your Member Services representative can confirm this. (Note: some insurance companies may refer to *Teletherapy* as Virtual Visits, Telehealth, Telemedicine, Teletherapy, Telebehavioral-health, etc.). For our purposes, the term *Teletherapy* will be used as referring to these services.

Benefits and Risks of Teletherapy: One of the primary benefits of Teletherapy is that we can engage in counseling without being in the same physical location. This can be helpful in ensuring continuity of care if you and I are unable to meet in person. It may also be more convenient and take less time. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of Teletherapy, there are some risks as well, such as:

- **Effectiveness.** Most research shows that Teletherapy is about as effective as in-person counseling. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.
- **Risks to confidentiality:** There is potential for other people to overhear sessions if you are not in a private place during the session. It is important for you to make sure you find a private place for our session where you will not be interrupted or others can hear. Unless the session is for couple or family counseling, no one is permitted to listen to or watch the session on your side. No recording of any type is permitted. On my end I will take reasonable steps to ensure your privacy, as always.
- **Issues related to technology.** There are many ways that technology issues might impact Teletherapy. For example, technology may stop working during a session which may interrupt our session or we may not be able to continue our session and need to reschedule. Other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

- **Confidentiality:** I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our Teletherapy. However, 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. There is a risk, however small, that our electronic communications may be compromised, unsecured, or accessed by others.
- **Appropriateness of Teletherapy:** From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that Teletherapy is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

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. Before engaging in Teletherapy, we will develop an emergency response plan if needed to address potential crisis situations that may arise during the course of our Teletherapy work. As always, if you are in a crisis situation and we are cut off, do not call me back but rather contact Mercer County Behavioral Health Commission Crisis Line at 724-662-2227 or your county’s crisis line, or call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

Connections: To connect, we will use a web browser based platform which provides a secured connection using updated encryption methods, firewalls, and back-up systems to help keep your information private. You will need a computer, tablet or phone capable of maintaining a videoconference connection. You will find directions for connecting on my website. If a session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the Teletherapy platform that we are using. If we are unable to reconnect within two (2) minutes, then call me at 724-813-1969. If our connection fails, you have the right to access counseling services online without a secure connection, as noted in the risk section above, but you are not obligated. In these circumstances and with your expressed permission, we can connect using Facebook Messenger or Skype or another connection that is not HIPAA compliant. Giving permission indicates that you understand the risks and are willing to connect with me and acknowledge and accept the risks.

Informed Consent:

My signature below indicates that I have reviewed, understand and agree to the terms and conditions of this Agreement and may revoke this consent at any time.

Print Client 1 Name	Client 1 Signature	Date
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Print Client 2 Name (for couple counseling)	Client 2 Signature	Date
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William J. Evans Ph.D. LPC

Date

3-17-2020