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**INFORMED CONSENT FOR TELETHERAPY**

This form is to educate my psychotherapy clients about video-conferencing psychotherapy sessions. When we cannot meet in person due to health or other concerns, video-conferencing is available to us.

Will Video-conferencing Psychotherapy work for you?

We are both used to meeting in-person in my office. Now, for an undetermined time due to the current health crisis, we will need to meet in a video/audio-conference. At the same time that we are being impacted by the serious health risks we all face, we must adjust to a very different way of working together. This may feel like a loss, frustrating, less connected, even anxiety producing. Colleagues familiar with Telehealth say it becomes more natural with time. Some people feel more comfortable sharing of themselves while at home. We will see. I want to know what it is like for you to work this way. I will openly share what it is like for me as well. It is very important that your therapy remains helpful and not harmful for you. We will keep looking at this and what we can do to make it work.

Teletherapy refers to the remote provision of psychotherapy services using telecommunications technologies such as video conferencing or telephone therapy. One of the benefits of teletherapy is that this can be helpful in ensuring continuity of care, especially if the client or therapist is in a situation where they are unable to meet in person due to extenuating circumstances. It can also increase the convenience and time efficiency of both parties. There are benefits of teletherapy, as well as some inherent risks of teletherapy.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions, however if an urgent issue arises, you should feel free to attempt to reach me by phone. I will make every effort to return your call within the same day.

**If you are unable to reach me and feel that you cannot wait for a return call, please contact your physician, go to your nearest emergency room or call 911, in the case of an emergency.**

Technology for Video-Conferencing: There are risks inherent in the use of technology for therapy that are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties. We will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation. I will disable recording prompts in my virtual platform settings, for both the therapist and client, and, we agree you /or client(s) will not record the session.

I will text prior to each session &/or send an invite to connect on a chosen platform. I use Doxy.me and Zoom, which are both encrypted. Occasionally, due to technical difficulties, I will use other TeleHealth formats ethically acceptable for use during the current COVID-19 crisis. No other Social media will be used.

If our connection fails, **and** you are having an emergency, do not call back; **call 911**, the **Crisis Hotline at 888-568-1112, or go to your nearest emergency room**. Please call me after you have called or obtained emergency services.

Crisis management and intervention: As a general rule, we will not engage in teletherapy if you are in a crisis situation. Before engaging in teletherapy, we will develop an emergency response plan or safety plan to address potential crisis situations that may arise during the course of our teletherapy work. It is urgent that you share with your therapist any thought that you may have of harming yourself; and any history that you may have of suicide attempts or hospital treatment, which you received for suicidal thoughts.

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. In order to address some of these difficulties, I will ask *where you are located at the beginning of each session and I will ask that you identify emergency resources that are near your location that I may contact in the event of a crisis or emergency to assist in addressing the situation.* I may also ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

Efficacy: While most research has failed to demonstrate that teletherapy is less effective than in person psychotherapy, some experienced mental health professionals believe that something is lost by not being in the same room. For example, there is debate about one’s ability when doing remote work to fully process non-verbal information. If you ever have concerns about misunderstandings between you and your therapist related to the use of technology, please bring up such concerns immediately with me.

**Electronic Communications & Confidentiality**

We will discuss which is the most appropriate platform to use for teletherapy services. You may be required to have certain system requirements to access electronic psychotherapy via the method chosen. You are solely responsible for any cost to you to obtain any additional/necessary system requirements, accessories, or software to use electronic psychotherapy.

For communication between sessions, that email exchanges and text messages with the office should be limited to matters such as setting and changing appointments, and other related issues. You should be aware that no therapist could guarantee the confidentiality of any information communicated by email or text.

Counselors have a legal and ethical responsibility to make our best efforts to protect all communications, electric and otherwise, that are a part of our teletherapy. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even though we may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

The extent of confidentiality and the exceptions to confidentiality that are outlined in my Disclosure Statement still apply in teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

If we lose connection and you are not having an emergency, I will wait several minutes and then re-contact you via the teletherapy platform on which we agreed to meet. If you do not receive a call back within five (5) minutes, then call my direct phone number. If we cannot successfully reconnect online, we can continue our meeting on the telephone and/or reschedule for another video-meeting.

**Payment for Sessions**

Clients paying out of pocket for therapy will pay the same fee as when we meet in person. If you use health insurance, I will seek authorization for insurance payment for TeleHealth. Co-payments will still apply. If the insurance company will not authorize this service, we will make other arrangements.

**Cancellations**

Given the demands of the current health crisis, there may be a need for last-minute cancellations and we will need to be flexible with each other. Nonetheless, we must respect the time we each commit to our meetings. I will apply a $40 cancellation fee for non-urgent cancellations without 24-hour notice.

**Consent**

This agreement is intended as a supplement to the general informed consent that we may have agreed to at the outset of treatment. Your signature below indicates agreement with its terms and conditions. This agreement is supplemental to the consent for your treatment that is given when you sign a Client Disclosure Statement and does not amend any of the terms of that agreement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the client, having been fully informed of the risks and benefits of teletherapy; the security measures in place, which include procedures for emergency situations; the fees associated with teletherapy; the technological requirements needed to engage in teletherapy; and all other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.

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Signature of Client Date

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Barbara Price Roth, LCPC, LLC Date 4/2020