

INFORMED CONSENT FOR TELETHERAPY
The Psychology Clinic
337.474.2682

My therapist has discussed the following with me prior to starting video-conferencing services and I understand and agree to the following:

1. My therapist is using a HIPAA compliant video-conferencing platform. While this provides the most secure format for online counseling, I understand breaches to security can occur.
2. Confidentiality still applies for teletherapy services; my therapist abides by all confidentiality standards as outlined in his/her initial intake paperwork. No one will record these sessions without permission
3. We agree to use the video-conferencing format selected by my therapist and my therapist has explained its usage. A smartphone, personal computer, or I-pad with the use of camera and sound is required. A secure internet connection should be used rather than public/free wi-fi.
4. It is important to be in a quiet, private space that is free of distractions during the session, including other people, telephones, and devices.
5. It is important to be on time for my session. I will notify The Psychology Clinic by telephone if I need to cancel or change my scheduled appointment time. I understand I can be charged for not keeping my scheduled appointment time without notice.
6. My therapist has devised a back-up plan in case of technology failures. If I have failed to connect to the session by five minutes after the scheduled appointment time, my therapist will call the telephone number I have provided in my intake information; this call may be from a blocked phone number if my therapist is working from a location other than The Psychology Clinic. If there is a technological failure during our online session my therapist will call (possibly from a blocked phone number) the telephone number I have provided, and we may finish the session via telephone if appropriate. If my therapist and I fail to connect I will call The Psychology Clinic to reschedule my appointment.

7. Due to the unique nature of online counseling, I agree to the following safety plan:
 - As a new online client, I will show a picture ID (e.g., driver's license) to verify my identity.
 - I will provide my therapist with my license plate number.
 - I will verify my location for each teletherapy session.
 - I will provide the name of at least one person my therapist can contact in case of emergency.

8. It is the preference of my therapist to provide teletherapy through video-conferencing; however, in certain circumstances teletherapy may be conducted via telephone. Such circumstances could include a lack of appropriate technology, a lack of comfort with the technology, or poor video-audio connections. The therapist will determine if the telephone is an appropriate medium for conducting therapy with this client.

9. It is my responsibility to confirm with my insurance company that teletherapy services (either video-conferencing or telephone) will be reimbursed. If they are not reimbursed, I understand I am responsible for full payment.

10. My therapist may determine that due to certain circumstances teletherapy is not/no longer appropriate and we should continue our sessions in person, or I should be referred to a provider who can best meet my needs.

Client Signature: _____

Date: _____