



## TELETHERAPY CONSENT FORM

### **What is teletherapy?**

Telecommunication: Telehealth (e-therapy) is the use of electronic transmissions to treat the needs of a patient. Cobblestone Counseling, PLLC offers both video and audio forms of communication via the Internet and/or telephone. This means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

### **Texas Residency Requirement**

I, the client, understand that to receive teletherapy from Suzanna Adelizi, Licensed Marriage and Family Therapy-Associate, I must be a resident of Texas. (This is a legal requirement for marriage and family therapists practicing in this state under a Texas license.) For a client who is traveling outside of Texas, it is important to understand that the clinician must obtain permission in advance from the foreign state before any teletherapy can take place. In essence, the client is using the telephone or the Internet to virtually travel to the therapist (the therapist's state of professional practice). Thus therapists are accountable to, and agree to abide by, the ethical and legal guidelines prescribed by their state of licensure and residence. By agreeing to solicit the therapist's services, the client agrees to these terms. If you do not understand, or have any questions regarding this issue, please feel free to ask me about this issue.

### **Right to Withdraw Consent**

I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

### **Confidentiality**

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with Suzanna Adelizi, Licensed Marriage and Family-Associate.

### **Necessity of In-Person Evaluation**

If possible, it is strongly recommended that the initial session be done face-to-face so that the appropriateness of technology-assisted treatment can be evaluated. If it is determined to be



# COBBLESTONE *counseling*

helpful, I will provide information on how to use the appropriate technology and review best practices to ensure that sessions run smoothly.

## **Risks and Benefits**

In addition to the risks and benefits outlined in the General Informed Consent, teletherapy has its own unique risks and benefits. Benefits include improved access to care for clients who are homebound, lack reliable transportation, or do not have providers near them. Teletherapy can be beneficial for those who are more comfortable communicating online rather than face to face. Teletherapy often offers more flexibility with scheduling.

Risks include, but are not limited to: unexpected technological failures during sessions; increased risks to privacy which creates an additional burden on the client to ensure that sessions are private and undisrupted; being overheard by anyone near me, or my minor child receiving technology-assisted therapy, if I, or my child, am not in a private room while participating in teletherapy; hacking.

An important risk to consider is the lack of nonverbal communication (body signals) that are readily available to both therapist and client in face-to-face sessions. Without this information, teletherapy may be slower to progress or be less effective altogether. While research results for individual therapy conducted online are certainly promising, there are presently no studies that have directly examined the effectiveness of couple or family interventions in an online context compared to in-person treatment. Further research on the online delivery of couple and family therapy is necessary to establish the effectiveness of online service delivery. Because of these risks close attention must be paid to client progress and periodic on-going evaluations must be conducted to ensure the effectiveness of this form of therapy.

Should I determine that teletherapy is no longer appropriate, the client will be referred for in-office treatment with me or will be referred out to an in-person therapist who can provide such services in my area.

## **Simple Practice Platform**

In order to ensure efficient service and maintain client confidentiality, I use an electronic health record platform called Simple Practice ([www.simplepractice.com](http://www.simplepractice.com)). Simple Practice assists with scheduling, secure messaging, HIPAA-compliant videoconferencing, recordkeeping, and billing. Electronic systems used through Simple Practice will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

## **Verification of Client Identity**

At the initial session, clients will be required to provide proof of identity (TX Driver's License, Passport, etc.). After initial verification has been provided, clients will be asked to verify their



identity prior to each session by answering a few security questions. During the initial session the client will also select a password to be used at the therapist's discretion should a security concern arise. In addition to verifying identity, clients will also be asked to identify their location at the time of the session.

### **Emergencies**

I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support. Given that therapy is not being conducted face to face, I do require all teletherapy clients have an emergency contact on file. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case, or becomes the case in future, my therapist will recommend more appropriate services.

### **Technological Failures**

Should a video or telephone session experience a disruption/technological failure the therapist will re-establish the connection (place a new video or telephone call) unless other arrangements between client and therapist are agreed upon. If videoconferencing is temporarily, unavailable the session will resume via telephone, if acceptable to the client. If after 10 minutes connection cannot be re-established, or the session cannot be resumed on the phone, then the session will be rescheduled. If the technological failure occurs on the therapist's end, the client will not be charged for the appointment; if the failure occurs on the client's end, then payment will still be due for the session on a pro-rated basis.

### **Best Practices**

In an effort to create an environment that is as close to a face-to-face experience as possible, the following guidelines are strongly recommended:

- A. **Ensure that your location is private and secure.** Try to conduct your session in a room that allows you to separate yourself from distractions and any non-participants in the home who might overhear. Make arrangements for childcare if necessary.
- B. **If the session is being conducted through video chat:**
  - a. Make sure there is sufficient lighting. Dark and solid colored clothing works best and lowers risk of interference with video image. Avoid large pieces of jewelry that reflect light. Take off hats and sunglasses that limit the view of your face.
  - b. Only use a WiFi network that is secure via password protection, no public WiFi!
  - c. Position yourself and camera so that you are visible from at least the waist up. If there are multiple participants make sure everyone is in view.



d. If possible, arrange to make a test-call with Suzanna in advance of the first online session.

***I have read and agree to the information provided above regarding telehealth. By signing, I also agree to and understand the following:***

-I am consenting to teletherapy for myself and/or my minor child with Suzanna Adelizi, Licensed Marriage and Family-Associate.

-I agree to provide the physical address of my current location to my therapist before the start of any teletherapy session to ensure my safety in the event that my therapist determines at any point during the session that she must call for emergency services.

-I understand that if I am experiencing an emergency, I will follow the following procedures laid out in the In Case of Emergency Telehealth Form that I completed.

-I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online counseling/teletherapy sessions, and (b) abiding by the best practices described above.

-I understand that by signing this agreement I am not waiving any existing protections for confidentiality, privacy, or other consumer protections as defined in the General Informed Consent Form. I have all the same rights as clients receiving face-to-face therapy.

-I understand that my insurance may not cover teletherapy.

-I understand that teletherapy services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services), I will be referred for face-to-face sessions with Suzanna Adelizi, Licensed Marriage and Family Associate or to a therapist near me who can provide such services.

-I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

-I understand that in the event of an adverse reaction to the treatment, or in the event of an inability to communicate as a result of a technological or equipment failure, I shall seek follow-up care or assistance at the recommendation of my therapist.



-I understand that the laws that protect privacy and the confidentiality of medical information also apply to teletherapy. 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 as outlined in the main informed consent form. I also understand that the dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my consent.

-I understand that I have the right to withhold or withdraw my consent to the use of teletherapy in the course of my care at any time, without affecting my right to future care or treatment.

\_\_\_\_\_  
Client or Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

MINOR CONSENT

*As a parent, guardian, or managing conservator, I have provided the divorce decree or appropriate documentation, if necessary, to hereby authorize Suzanna Adelizi, Licensed Marriage and Family-Associate to provide services for:*

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Signature of Parent, Guardian, or Managing Conservator

\_\_\_\_\_  
Date