



Diversified Health & Wellness Center
11042 Manchester Road
Kirkwood, MO 63122

844-GO2-DHWC

INFORMED CONSENT FOR TELETHERAPY

This Informed Consent for teletherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Teletherapy

Teletherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of Teletherapy is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of Teletherapy, there are some differences between in-person psychotherapy and Teletherapy, as well as some risks. For example:

Risks to confidentiality. Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact Teletherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

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 to address potential crisis situations that may arise during the course of our Teletherapy work.

Efficacy. Most research shows Teletherapy is about as effective as in-person psychotherapy. However, some therapists believe 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.

Electronic Communications

I will be using the HIPAA compliant, ~~Doxy.me~~ telehealth platform. You may need



Diversified Health & Wellness Center
11042 Manchester Road
Kirkwood, MO 63122

844-GO2-DHWC

certain computer or cell phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy. To start your sessions, please use this link:

For communication between sessions, I only use HIPAA compliant email communication () and text messaging with your permission and only for administrative purposes. This means email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer you do not either. **These methods should not be used if there is an emergency.**

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

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. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for teletherapy sessions and having passwords to protect the device you use for teletherapy).

The extent of confidentiality and the exceptions to confidentiality I outlined in my Registration and Treatment Agreement still apply in Teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

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.



Diversified Health & Wellness Center
11042 Manchester Road
Kirkwood, MO 63122

844-GO2-DHWC

EMERGENCIES and TECHNOLOGY

Assessing and evaluating threats and other emergencies can be more difficult when conducting Teletherapy than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in Teletherapy services. Later in this consent form, I will ask you to identify an emergency contact person who is near your location and I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask for your signature allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, like the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the 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 on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you ().

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for Teletherapy as apply for in-person psychotherapy (unless your insurance company waives or changes the amount/copayment). However, insurance or other managed care providers *may not* cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in teletherapy sessions in order to determine whether these sessions will be covered. For co-payments and other fees, I use Venmo or if I have your credit card on file, I will charge it with Square.

Records

The Teletherapy sessions shall not be recorded in any way. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.



Diversified Health & Wellness Center
11042 Manchester Road
Kirkwood, MO 63122

844-GO2-DHWC

Informed Consent

This consent is intended as a supplement to the Registration and Treatment Agreement we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

I _____ hereby consent to engaging and telemental health with _____ (Counselor), as part of my psychotherapy. I understand “telemental health” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications. I understand telemental health also involves the communication my medical/mental information, both orally and visually, to health care practitioners located in Missouri or outside of Missouri.

I understand I have the following rights with respect to telmental health:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical and mental health information also apply to telemental health. As such, I understand the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self and/or an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

In case of emergency, my location is (address): _____

My emergency contact person is (name): _____

Contact person's phone #: _____

I understand Counselor may contact my emergency person and/or appropriate authorities in case of a true emergency.

I also understand the dissemination of any personally identifiable images or information from the telemental health interaction to other entities shall not occur without my written consent.

(3) I understand there are risks and consequences from telemental health, including, but not limited to the possibility, despite reasonable efforts on the part of Counselor that the transmission of my medical or mental health information could be disrupted or distorted by technical failures; transmission of my medical or mental health information could be interrupted by unauthorized



Diversified Health & Wellness Center
11042 Manchester Road
Kirkwood, Mo 63122

844-GO2-DHWC

persons; electronic storage of my medical information could be accessed by unauthorized persons; and/or there may be limited ability to respond to emergencies.

In addition, I understand telemental health-based services and care may not be as complete as face-to-face services. I also understand if Counselor believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area. Finally, I understand there are potential risks and benefits associated with any form psychotherapy, and despite my efforts and efforts of my psychologist, my condition may not improve, and in some cases, may even get worse.

(4) I understand I may benefit from telemental health, but results cannot be guaranteed or assured.

(5) I understand I have a right to access my medical and mental health information and copies of medical records in accordance with Missouri law.

I have read and understand the information provided above. I have discussed it with Counselor and all of my questions have been answered to my satisfaction.

Date

Client's Signature

Client's Printed Name

Street Address

City

State

Zip

Client's Phone #

Client's Email

SIGNATURE OF Counselor