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TELETHERAPY INFORMED CONSENT

Definition and Explanation

Teletherapy is the delivery of psychotherapy through the use of interactive technologies (audio, video or other electronic communications) between a psychotherapist and a client, who are not in the same physical location. The interactive technologies used in teletherapy incorporate network and software security protocols, to protect the confidentiality and security of client health information and imaging data, transmitted via an electronic channel. These protocols include measures to safeguard this data, to insure its integrity against intentional or unintentional corruption.

Requirements and Procedures

I understand that, in order to communicate with my therapist through a video platform, I will need access to and be familiar with the use of appropriate technology, in order to participate in the service provided. A laptop, PC, tablet or smartphone will be needed for virtual sessions, in addition to a strong Wi-Fi (or cellular, if applicable) connection. Exchange of information will not be direct in-person contact and any paperwork exchanged will be primarily through electronic means, with US postal service as a backup. During my teletherapy sessions, details of my medical history and personal health information will likely be discussed with my therapist through the use of interactive video, audio or other telecommunications technologies.

If, while engaged in a course of teletherapy treatment, I were to feel the need for direct in-person services, my therapist and I would discuss possible options for in-person psychotherapy. For immediate in-person service, I would attempt to make an appointment with my psychiatrist or my primary care physician. I understand that an opening might not be immediately available in either office. I understand that I may choose to decline teletherapy services at any time, without jeopardizing my access to future care, services and benefits.

Teletherapy services rely on technology which allows for greater availability and convenience for service delivery. However, there are risks in transmitting information over technology. These include, but are not limited to, possible breaches of confidentiality and theft of personal information, in addition to possible disruption of service, due to technical difficulties. Virtual platforms are HIPAA approved and are designed to greatly reduce the risks of breaches of information. However, I understand that my provider is unable to guarantee that a breach of confidentiality or personal information could not possibly occur.

My therapist will email to me a link to our virtual platform, to include recommended browsers. The likelihood of service disruption during a session can be minimized. I understand that if I ensure that: (1) my device and software are up to date; (2) a dependable service provider is in place; (3) a strong Wi-Fi connection is available (based on location and freedom from heavy bandwidth usage from other devices

during the session); and (4) the recommended browser is being used, I can reduce the chances of service interruption. My therapist will work with me to resolve any issues that might arise. If a disruption were to occur and immediate restoration of the video platform service were not possible, we would complete the session by telephone (so long as my insurance plan continues to support teletherapy through telephonic connection). I understand that if I were to experience frequent service disruption, I would need to review my equipment, network and Wi-Fi status for possible problems.

In the case of a clinical emergency between sessions, the protocol is the same as when therapy is by direct in-person services. I understand that I should dial 911 or go to the nearest hospital emergency department for assistance in an emergency. Although Dr. Nicholson cannot provide emergency services, she can be reached through the text/cell number she provides during our initial appointment arrangements, if I am having an emotional crisis. I understand that the private text/cell number given before our initial therapy session, is the only number to be used if I am in an emotional crisis and feel the need to have contact with her. That text/cell number is also to be used for scheduling changes or requests. The advertised office telephone system at 757-873-3401 is only used for inquiries from the general public and can also be utilized by my clients for routine matters that do not required immediate attention, if desired.

The laws and professional standards that apply to direct, in-person psychotherapy services also apply to teletherapy services. It is the responsibility of the therapist to maintain a quiet space that supports privacy, when in session with a client. During teletherapy services, the client must also take responsibility to secure a private space during the sessions. Clients are additionally encouraged to secure any written notes regarding the private information they shared during teletherapy sessions, as another way to support the confidentiality of their therapeutic work.

My therapist and I will reassess as needed the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon, and will discuss options to our plan, if indicated in the future.

This document does not replace other agreements, contracts, or documentation of informed consent.

I have read and understand the protocols described above and I agree to participate in Teletherapy sessions with Dr. Susan C. Nicholson.

Signature: _____ **Date:** _____

Printed Name: _____