

## Informed consent for Teletherapy

I \_\_\_\_\_ hereby consent to engage in teletherapy with \_\_\_\_\_

I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually. I understand that this service is being offered due to Covid-19 pandemic as a way to continue counseling while reducing risk of potential exposures.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon. I will use this platform in a private location. I understand that \_\_\_\_\_ will maintain confidentiality.
3. I understand 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 an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
4. I understand that the previous informed consent signed with the office of Ellen Casper and Associates is still active and valid. I understand that teletherapy is only available for duration of social distancing as it relates to Covid-19 pandemic. This consent will be revisited on April 30<sup>th</sup>, 2020.
5. 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.
6. In the event our teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.
7. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures and the transmission of my

information could be interrupted by unauthorized persons. I am responsible for information security on my computer. If technical difficulties arise I understand that \_\_\_\_\_ will end the computer session and complete session via phone at number I previously provided.

8. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. I understand that while email may be used to communicate with \_\_\_\_\_ during this time, confidentiality of emails cannot be guaranteed.

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my psychotherapist and all of my questions have been answered to my satisfaction.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_