

Professional Psychological Associates
3745 Shawnee Road, Suite 105, Lima, OH 45806
419-999-2024 limatherapists.com

Informed Consent for Telehealth

This Informed Consent for Telehealth contains important information focusing on therapy using a platform hosting device called SecureVideo (encrypted and secure) whereby we engage in a video therapy session.

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 Telehealth

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

Risks to Confidentiality - Because telehealth 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 telehealth. For example, technology may stop working during a session and the session is interrupted. 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 telehealth 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 have provided you.

Crisis Management and Intervention - Usually, I will not engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work.

Efficacy - Most research shows that telehealth is about as effective as in-person therapy. However, some therapists believe that 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

You will have to have a computer, laptop, or cell phone system to use telehealth. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

For communications between sessions, we will only use the telephone, email and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes setting and changing appointments, billing matters, and related issues. You should be aware that 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 that you do not either. Also, email and texting **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. I will try to return your call as soon as possible or within 24 hours. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or go to the nearest emergency room. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact in my absence. (At PPA, the respective partners cover for each other so please feel free to contact either one of the two partners of your respective therapist. You will find their names and cell phone numbers on the answering machine or you may go to our website at limatherapists.com).

Confidentiality

I have a legal and ethical responsibility to make my best effort to protect all communications that are a part of our telehealth. 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 use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that 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 telehealth sessions and having passwords to protect the device you use for telehealth).

The extent of confidentiality and the exceptions to confidentiality that are outlined in my Informed Consent form still apply in telehealth. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Telehealth

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 telehealth 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.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. We will complete a plan in writing together. I will ask you to identify an emergency contact person who is in your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask you to provide the address and telephone number of the local Sheriff’s office and the address and telephone number of the closest or local hospital of your choice, in turn, I will contact these agencies in the event of a crisis or emergency to assist in the situation. I will ask that you sign a separate release of information form authorizing me to contact your chosen contacts as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911 or any of the emergency contacts we have identified together. Going to your nearest emergency room would also be a safe choice. Please call me back after you have called or obtained emergency services.

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

Fees

The same fee rates will apply for telehealth as apply for in-person therapy. Insurance or other managed care providers may or may not cover sessions that are conducted via telehealth. We will work together on checking your insurance benefits regarding telehealth. If your insurance, HMO, third-party payor, or other managed care provider does not cover telehealth sessions, you will be solely responsible for the fee of the session.

Records

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a written record of our session(s) in the same way I maintain records of in-person session(s) in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general PPA Informed Consent form that 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 understanding and agreement with its terms and conditions.

(Client Signature)

(Date)

(Therapist Signature)

(Date)

