

Teletherapy Patient Agreement

Name: _____ DOB: _____

I agree to participate in Teletherapy services (also referred to as Telehealth and Telemedicine) as part of my psychotherapy treatment. I understand that Teletherapy is the practice of delivering clinical behavioral health services via technology assisted media or other electronic means between a practitioner and a patient who are in two different locations.

Teletherapy services may include consultation, treatment, Portal messages, or telephone conversations. I understand that Teletherapy involves the communication of my medical/mental health information both verbally and visually. Teletherapy session content/notes are protected by the Health Insurance Portability and Accountability Act, but may be shared with my Primary Care Provider and other members of my medical care team, as permitted by law.

I understand the following with respect to benefits and limitations of Teletherapy:

- I understand that I have the right to withdraw my agreement to Teletherapy services at any time without impacting my right to future care, services, or program benefits to which I would otherwise be entitled.
- I understand that there are benefits, limitations, and consequences associated with Teletherapy, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons in my home, and limited ability to respond to emergencies.
 - To protect confidentiality, I will participate in the session from a private place in my home. If someone is in the home with me, they may be able to hear session content. If I am concerned about confidentiality, I will take steps to safeguard my information such as by using headphones or playing music outside the room.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
 - During our first session, the therapist and I will discuss an emergency response plan. 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 support.
- I will not record any of the online sessions. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to Teletherapy.
- I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be

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determined that Teletherapy services are not appropriate and a higher level of care is required. This may include going to an Emergency Department or calling 911 as appropriate.

- I understand that during a Teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, troubleshooting, such as ending and restarting the session may be requested. If we are unable to reconnect within ten minutes, and the therapist is unable to reach me by phone, it is my responsibility to call the therapist's office.
- I understand that I am responsible for providing the necessary computer, telecommunications equipment and internet access for my Teletherapy sessions; the information security on my computer; and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions during my therapy sessions.
 - I understand that I must be fully present for Teletherapy sessions by removing distractions and appropriately presenting myself.
 - If I must attend a Teletherapy session from my vehicle, the vehicle will be parked. If the session starts/takes place and I am driving, the therapist will disconnect and wait for me to call the office when I am parked in a safe location. This may result in the session needing to be rescheduled.
 - I will be fully dressed just as I would be if attending a session in the office.
 - I will be sure to use the bathroom prior to the session. If I need to use the bathroom during a session, I will excuse myself and the therapist will end/pause the connection. If the session starts/takes place and I use the bathroom, the therapist will disconnect and wait for me to call the office when I am finished. This may result in the session needing to be rescheduled.
- I understand that, just as with in-person visits, there are fees and financial costs to participate in Teletherapy services. Coverage varies by insurance and there is a possibility that my insurance may not cover sessions that are conducted via telecommunication.
 - If my insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, I will be solely responsible for the entire fee of the session. I know that I can contact my insurance company prior to our engaging in Teletherapy sessions in order to determine whether these sessions will be covered.

By signing below I acknowledge that I have read the information provided regarding Teletherapy and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature: _____ Date: _____