

**Consent for Teletherapy Form**

This Informed Consent for Teletherapy contains important information concerning engaging in electronic psychotherapy or teletherapy. Please read this carefully and let your counselor know if you have any questions. This consent shall only apply to clients physically within the State of Pennsylvania seeking counseling treatment within the State of Pennsylvania. This Informed Consent shall be signed in conjunction with Grounded Roots Counseling Services Counseling Service Agreement and Financial Agreement forms.

**Benefits and Risks to Teletherapy**

Teletherapy refers to the remote provision of counseling services using telecommunications technologies such as video conferencing. One of the benefits of teletherapy is that the client and counselor can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or counselor are unable to make it to the practice location for various reasons. It can also increase the convenience and time efficiency of both parties.

Although there are benefits of teletherapy, there are fundamental differences between in-person counseling and teletherapy, as well as some inherent risks. For example:

* Risks to Confidentiality: Because teletherapy sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. Your counselor will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. You should participate in counseling only while in a room or area where other people are not present and cannot overhear you.
* Issues Related to Technology: There are risks inherent in the use of technology for therapy and are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.
* Crisis Management and Interventions: As a general rule, your counselor will not engage in teletherapy with clients who are in a crisis situation. Before engaging in teletherapy, your counselor will develop an emergency response plan to address potential crisis situations that may arise during the course of the teletherapy work.
* Efficacy: Most research shows that teletherapy is about as effective as in-person psychotherapy. However, some counselors believe that something is lost by not being in the same room. For example, there is debate about a counselor’s ability to fully understand non-verbal information when working remotely. If you ever have concerns about misunderstandings between us related to our use of technology, please bring up such concerns immediately, and we will address the potential misunderstanding together.

**Electronic Communication**

Please review our Communication Form for reminders of appropriateness of electronic communication. We will do our best efforts to comply with the American Counseling Association’s Ethics Code guidance on Distance Counseling as well as the Pennsylvania Teletherapy guidance regulations.

You may be required to have certain system requirements to access electronic teletherapy via the method we choose (doxy.me or Simple Practice). **You are solely responsible for any cost to you to obtain any additional necessary requirements, accessories, or software to use electronic teletherapy**.

For communication between sessions, we only use e-mail or phone calls to discuss scheduling or billing concerns. We believe sensitive information is best shared during scheduled appointment times. For additional information, please refer to our Counseling Service Agreement and Communication Agreement forms.

**Appropriateness of Teletherapy**

We use teletherapy services only for currently established clients who we have met with face-to-face in our offices. If you are currently an established client, and we are unable to hold sessions in our office due to sickness, restrictions on mobility, or other obstacles, teletherapy can be an important tool to make sure you get the care you need in a timely way. Our goal is to continue providing services to our clients with the least amount of disruptions possible.

**Limits to Confidentiality**

The same information detailed in our Counseling Service Agreement regarding confidentiality applies to teletherapy sessions.

If, during the course of a teletherapy session, it becomes clear you are in a crisis situation that requires a higher level of care, it is important that you know how to access that care. Crisis Services in the Carlisle/Camp Hill area can be reached at: 717-243-6005. You should go to your nearest ER if you are having thoughts of hurting yourself or someone else, and you think you might act on those thoughts. Please inform your counselor if you plan to be in a location outside of the greater Carlisle area, so that your counselor can determine the appropriate crisis intervention services for that area. We also ask that you provide your counselor with the name and phone number of a family member or friend who knows your location and is willing and able to help in a crisis situation. Please indicate the name and phone number of that person here:

(Name) (Relationship) (Phone Number)

**Privacy**

Your teletherapy sessions are as private as sessions held face-to-face in our offices. Your counselor will be the only person in the room, and we will not be recording our session. You will have our undivided attention. We will not be answering emails or browsing the web during our sessions. We ask you agree to the same.

We have a legal and ethical responsibility to make our best efforts to protect all communication, electronic and otherwise, that are a part of our teletherapy. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even though we may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

**Technical Matters**

We use doxy.me or Simple Practice for teletherapy which are HIPAA compliant web-based platforms for audio-visual therapy sessions. All you need is a computer or phone with internet access. If you are using your phone, consider purchasing a stand so that you do not have to hold the phone for the entire session. We also recommend using headphones, ideally with a built-in microphone. Please do not use a public and/or unsecured WiFi connection. The most secure connection you can use is an Ethernet cable plugged directly into your router. Talk to your counselor for the direct web address for his/her virtual waiting room:

My virtual waiting room is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let your counselor know if you have any questions regarding confidentiality and/or privacy concerns.

**Backup Plan**

Technology sometimes fails, despite best efforts to prevent this. If our connection fails entirely, your counselor will contact you by phone to 1) troubleshoot the technical problem, 2) continue the session by phone, 3) reschedule the session. Please have your phone with you during your session.

**Fees**

Fees for teletherapy sessions are the same as those for face-to-face sessions. Your insurance plan may or may not cover this service. Please contact your insurance company prior to our engaging in teletherapy sessions in order to determine whether these sessions will be covered. **If your insurance plan does not cover teletherapy sessions, you are solely responsible for the entire fee of the session.**

**Records**

The teletherapy sessions shall not be recorded in any way unless agreed upon in writing by mutual consent. We will maintain record of our session in the same way we maintain records for in-person in accordance with our policies.

**You are responsible for securing proper information regarding coverage of telehealth services and the necessary requirements needed for approved platform. By signing below, you accept responsibility for any unpaid sessions by your insurance and/or you agree to pay our self-pay rate for services. By signing you agree you have been fully informed of the risks and benefits; the fees associated with teletherapy; the security measures in place, which include procedures for emergency situations; the technological requirements needed to engage in teletherapy; and all the other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.**

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**Signature of Client Date**

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**Signature of parent or guardian (if legally required) Date**

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**Signature of parent or guardian (if legally required) Date**

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**Counselor Date**