

TELETHERAPY INFORMED CONSENT

I consent to participate in Teletherapy with my therapist through The Briarwood Clinic. I understand teletherapy is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a practitioner and a client who are in two different locations.

To participate in audio/video teletherapy, you must have a laptop, tablet or cell phone with a front facing camera and microphone. You will also need access to the internet or wifi. To attend Teletherapy you must open your web browser and go to www.doxy.me/ followed by your therapist's room name, which will be given to you prior to your first appointment. Keep this info, as it will be the same for all Teletherapy sessions. **See Doxy Instructions Form for complete instructions. NO SPECIAL APP OR CODE IS REQUIRED.**

Fees

The same fee rates will apply for teletherapy as apply for in-person therapy. It is important that you contact your insurance to determine if there are applicable co-pays or fees which you are responsible for. Insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, third-party payor, or other managed care organization does not cover electronic therapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to engaging in teletherapy sessions in order to determine whether these sessions will be covered. **You must contact the clinic to pay for any fees related to Teletherapy once each session has been completed. Failure to do so will delay or prevent your ability to schedule additional sessions.**

If there is a technological failure and we are unable to resume the connection, we will bill the appropriate time-related code for the of the actual length of the session.

I understand the following with respect to Teletherapy:

- 1)I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled. I understand though that my withdrawal from Teletherapy may restrict or delay my ability to receive care during a pandemic or public health emergency.
- 2)I understand there are risks, benefits, 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, and/or limited ability to respond to emergencies. I have been informed The Briarwood Clinic uses the HIPAA compliant, secure platform, **doxy.me**, for Teletherapy audio/video sessions to greatly reduce the risk of a privacy breach.
- 3)I understand there will be no recording of any of the Teletherapy sessions by any party. 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. Teletherapy sessions will be documented in your patient chart the same way in which in-person sessions are documented.
- 4)I understand the privacy laws that protect the confidentiality of my protected health information(PHI) also apply to Teletherapy unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; mental/emotional/compliance issues in a legal proceeding).
- 5)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 determined that Teletherapy is not appropriate and a higher level of care is required.
- 6)I understand during a teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable reconnect within ten minutes, my therapist will attempt to call me using a blocked number. It may also be possible the session will have to be rescheduled.

By engaging in Teletherapy and signing the Consent to Psychotherapy (Patient Rights and Responsibilities) on my patient registration form, I am confirming I have read this consent and I agree to all conditions and policies without restrictions.