

# THE BRIARWOOD CLINIC

## TELETHERAPY INFORMED CONSENT

***Teletherapy MUST be approved in advance by your therapist and it cannot be utilized by new patients for their first session. You MUST be a legal resident in the state of Indiana, as our therapists are not licensed to practice in other states.***

Video Conferencing (VC): Video Conferencing is an option for therapist and patient to conduct remote sessions via audio/video conferencing via the internet. The Briarwood Clinic utilizes Doxy.Me. This VC platform is encrypted to the federal standard, HIPAA compliant, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.Me is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential.

If you, **and your therapist**, choose to utilize this technology, you will be provided detailed instructions regarding how to log-in securely at your scheduled time. In order to do this, you will need a valid email address and access to a cell phone or computer with a Webcam. **Teletherapy is only available to patients 18 years of age and older.**

We ask that you please sign on to the platform at least five minutes prior to your session time to ensure sessions are started promptly. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment.

We strongly suggest that you only communicate in a private area through a computer or device that you know is safe (*e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.*). If your therapist is unable to verify your identity via VC, the session will be terminated, and you will be directed to contact the clinic for an alternate form of communication or to reschedule your session. Privacy can only be maintained to the degree that you, the patient, ensure your VC session is in a secure location. Neither the clinic, nor your therapist, is responsible for a security breach due to third parties overhearing the conversation on your end.

If your insurance recognizes and covers Teletherapy, we will bill your insurance at a rate of \$130 per session. You will be responsible for any amount deemed by your carrier to be the patient's responsibility. If your insurance does not cover Teletherapy we can offer a reduced rate of \$65 per session (30-60 minutes) which you will be responsible for. Payment in full will be due within 10 days of the date of the session. Same day cancellations carry a fee of \$35 and No Shows - \$50.

If you agree to teletherapy and the conditions stated herein, please provide a secure email address for your therapist to contact you and sign below stating you understand and agree to these conditions.

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Patient Name

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Email Address

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Signature

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Date

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Briarwood Witness