**Patient Information and Consent Form for Teletherapy**

**Introduction**

Teletherapy is the delivery of mental health services using interactive audio and visual electronic systems where the clinician and the client are not in the same physical location. The interactive electronic systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

**Potential benefits of teletherapy**

* Increased accessibility to care
* Increased health safety
* Patient convenience

**Potential Risks with teletherapy**

As with any healthcare service, there may be potential risks associated with the use of teletherapy. These risks include, but may not be limited to:

* Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate clinical decision making by the therapist.
* Provider may not be able to provide treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
* Delays in evaluation and treatment may occur due to deficiencies or failures of the equipment.
* Security protocols can fail, (although extremely unlikely) causing a breach of privacy of my confidential psychological information.
* A lack of access to all the information that might be available in a face to face visit but not in a teletherapy session may result in errors in psychological judgment.

**Confidentiality Standards required for teletherapy**

**I understand that:**

1. HIPAA confidentiality requirements apply the same for teletherapy as for face-to-face consultations. Doxy.me is encrypted to the federal standard, are HIPAA compatible and have signed a HIPAA Business Associate Agreement-attesting to HIPAA compliance.  Doxy is responsible for keeping any videoconferencing confidential and secure.
2. Clients have the right to withhold or withdraw consent to the use of teletherapy at any time. Withdrawal of consent will not affect any future care or treatment. However, due to the current public health crisis, we cannot offer in person treatment with your therapist at this time.
3. Provider has the right to discontinue telehealth sessions at any time if it becomes apparent that telehealth treatment is not appropriate or safe for me at this time. I understand that a face-to-face treatment option with my current therapist may not be available for a period of time. I also understand that I may be referred to a therapist in my area if my therapist feels that this would be more beneficial to me.
4. All rules and regulations which apply to the practice of therapy in the state of Nevada also apply to teletherapy.
5. Provider will not record any teletherapy sessions.
6. It is my responsibility to choose a secure location to ensure that family, friends, employers, co-workers, strangers or hackers cannot overhear my communications or have access to the technology or devices I am using.
7. It is my responsibility to make sure that I am using a private and encrypted WIFI, (never a public WIFI) and that my devices have protections like firewalls, anti-virus software and are password protected.
8. There may be risks to telehealth psychotherapy, including but not limited to: poor internet connections, technical difficulties, power failures in the middle of a session, etc.
9. This informed consent for telehealth psychotherapy is only in addition to my Informed Consent for therapy and does not replace it any way.

I have read, understand and agree to the information provided above.

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Client (or Guardian’s) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

If Guardian, name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_