



## **Meyer Therapeutics, PLLC**

### **Informed Consent for Treatment by Telepractice**

This document is a supplemental Informed Consent Form to the “Informed Consent for Treatment” form. It contains important information about participating in Telemedicine/Telepractice which involves doing psychotherapy remotely using the telephone or internet. Please read it carefully and ask any questions you may have. When you sign this document, it will represent an agreement between us.

#### **DEFINITION OF TELEMEDICINE/TELEPRACTICE**

Telemedicine/Telepractice” includes participating in behavioral health services through video or electronic communication that occurs between a professional and a client, including any electronic communication for evaluation, diagnosis, and treatment. Telecommunication technologies include secure video chatting, texting, email, telephone communication, and FaceTime.

#### **BENEFITS AND RISKS OF TELEPRACTICE**

There are both benefits and risks of participating in Telepractice. One of the benefits is that it can improve access to mental healthcare, as the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also can be more convenient for clients and can take less time by removing commute time to a physical office. Telepractice can also accommodate clients who have special needs, or who find visiting a physical office unnecessarily challenging or difficult. While there are benefits, there are differences between in-person psychotherapy and telepractice, as well as some risks. Some of these risks include:

- **Risks to Confidentiality and Security:** Because telepractice sessions take place outside of the therapist’s private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy and security. I use HIPAA- compliant video platforms such as Simple Practice and FaceTime. I use HIPAA- compliant email. I have a private, password-protected, work phone. I conduct virtual sessions in my private work or home office behind a closed-door. By using these security measures, I take all reasonable precautions to ensure that client electronic communications are received only by myself. However, your efforts are equally critical. It is important for you to make sure you find a private place for our sessions where you will not be interrupted, distracted, or overheard. It is also important for you to protect the privacy of any therapeutic content on your cell phone or other devices. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues Related to Technology:** There are many ways that technology issues might affect telepractice. For example, technology may stop working during a session, other people might be able to inadvertently access / overhear our private conversation, or stored data could be unintentionally accessed by unauthorized people or companies. Telepractice also requires technical competence on both our parts to be helpful.
- **Crisis Management and Intervention:** Telepractice is not the best medium to do crisis work. Typically, I will not engage in ongoing telepractice with clients who are regularly in a crisis situation requiring high levels of support and intervention. Before engaging in virtual sessions,



we will develop an emergency response plan to address potential crisis situations that may arise during the course of our work.

- Efficacy: Telemedicine/Telepractice is still a newer and innovative medium of delivering psychotherapy services. Research shows that it is about as effective as in-person psychotherapy for individuals. There is less research available on the efficacy of family or couples telepractice. There are, however, valid critiques of virtual sessions, including a less personal connection in the relationship and reduced awareness of nonverbal behavioral observations between the client and therapist.

## **ELECTRONIC COMMUNICATION**

We will decide together which kind of virtual service to use, based on the privacy of your environment, the technology available to you, and how various telecommunication technologies support the types of therapy we are doing together. You may have to have certain computer or cell phone systems to use certain telepractice services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in virtual sessions.

For communication between sessions, you can contact me at 520-263-9379 to leave a message on my voicemail. I only use email communication with your permission and only for administrative purposes, unless we have made another agreement. This means that email exchanges and voicemails with my office should be limited administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or voicemail. **Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods should not be used if there is an emergency.**

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 1-2 business days except on weekends and holidays. If you are unable to reach me, you may try reaching out to your primary care physician or if applicable, your psychiatrist. If you feel you cannot wait for me to return your call, call 911 or go to the nearest hospital emergency room. I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

## **CONFIDENTIALITY**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our telepractice. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will follow HIPAA guidelines, use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for virtual sessions and having passwords to protect the devices you use for telepractice).

In the event that you prefer to do telephone sessions or another telepractice platform where I cannot “see” you, it is my legal and ethical responsibility to verify that I am speaking with you (and not someone who is pretending to be you). This is to prevent a breach in your confidentiality. We will discuss how during these times, I can verify your identity.



The extent of confidentiality and the exceptions to confidentiality that I outlined in my INFORMED CONSENT FOR TREATMENT still apply in telepractice. Please let me know if you have any questions about exceptions to confidentiality.

### **APPROPRIATENESS OF TELEPRACTICE**

From time to time, we may schedule in-person sessions to “check-in” with one another. It is my responsibility to assess on an ongoing basis the appropriateness of using telepractice services throughout our work together. To determine if virtual sessions are appropriate, I must consider several factors, including the remote environment, availability of emergency supports, risk of distractions, and potential for privacy breaches. I will let you know if I decide the telepractice is no longer the most appropriate form of treatment for you or presents a risk to your emotional well-being. In that case, we will discuss options of engaging in in-person psychotherapy or referrals to another professional in your location who can provide appropriate services.

### **EMERGENCIES AND TECHNOLOGY**

If you recurrently experience crises or emergencies, telepractice is likely not an appropriate medium for mental health services and suggests that in-person services may be more appropriate. Assessing and evaluating threats and other emergencies can be more difficult when conducting virtual sessions than in traditional in-person therapy. To address some of these difficulties we will create an Emergency Response Plan before engaging in telepractice services. I will ask you to identify an emergency contact person near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis emergency.

If experiencing an emergency and our session is interrupted for any reason, such as the technological connection fails, **DO NOT** call me back; instead call 911 or go to your nearest hospital emergency room. Call me back after you have obtained emergency services.

### **TECHNOLOGY TROUBLESHOOTING**

We will establish a preferred telepractice platform to use for our sessions. I will ask in advance for a secondary telepractice platform that you would be comfortable using in the event of technology failure. If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then recontact you via the virtual platform on which we agreed to conduct therapy. If I am somehow unable to reach out in two (2) minutes, please reach out to me on the phone number I provided you (520-263-9379). If you are having difficulty reaching me on the agreed telepractice platform that we typically use, please call me (520-263-9379), email at Lauren@MeyerTherapeutics.com, or fax me at 520-263-9397.

### **FEES**

The same fee rates will apply for telepractice as apply for in-person psychotherapy. If there is a technological failure and we are unable to resume the connection despite attempts, you will only be charged the prorated amount of actual session time. Due to the remote nature of virtual sessions, payment will likely also need to happen virtually. I will only charge your card for sessions and services we discuss. I can remove this card from being on file in your billing record at any time.



## RECORDS

Video or audio from virtual sessions will not be recorded by me or the platforms that I use for video sessions (Simple Practice, FaceTime, Telephone). In the rare instance that you or I would find a recording of a session helpful, this would be discussed prior to recording with explicit, signed permission from both of us. Because of the nature of texts and email, there is a log of these conversations on my phone and email. This is why therapeutic content should not be discussed in these mediums unless we arrange otherwise. I will maintain a written record of our sessions in the same way I maintain records of in-person sessions in accordance with my ethical and legal responsibilities.

## INFORMED CONSENT

As stated prior, this agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

**Name of Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Guardian (if client is a minor):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Guardian (if client is a minor):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Lauren Meyer, PhD, LP, NCSP** **Date:** \_\_\_\_\_