



## THE ANXIETY & AGORAPHOBIA TREATMENT CENTER

112 BALA AVENUE

BALA CYNWYD, PA 19004

Phone: (610) 667-6490 Fax: (610) 667-1744

www.aatcphila.com

### INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

#### **Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that 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 are unable to continue to meet in person. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

1. Risks to confidentiality. Because telepsychology 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. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
2. Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
3. Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
4. Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

## **Electronic Communications**

We will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

## **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. 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 try to 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 telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality outlined in the Informed Consent/Rules and Limits of Confidentiality apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

## **Appropriateness of Telepsychology**

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that telepsychology is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

I may not immediately receive an online communication or might experience a local backup. If you are in a state of crisis or emergency, you should call 911 or go to your nearest emergency room. Alternatively, you may wish to call a crisis line, such as 1-800-273-TALK or 1-800-SUICIDE. Additionally, if I have legitimate concern about your safety and the session is disrupted without an alternative plan in place, I will send out crisis responders to your location to complete a safety assessment. In order to effectively carry out this plan, I will ask for your location at the start of each session to verify your whereabouts.

If the session is interrupted and you are not having an emergency, disconnect from the session and reconnect. If we cannot establish a new connection within a few minutes, I will contact you via phone on the number you provided. If there is a technological failure and we are unable to resume the connection or unable to connect via phone, you will only be charged the prorated amount of actual session time.

## **Fees and Cancellation**

The same fee rates and cancellation policy will apply for telepsychology as apply for in-person psychotherapy. If you submit receipts for our sessions to your insurance for out-of-network reimbursement, please be aware that some insurance may not cover sessions that are conducted via telecommunication. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

**Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

**Informed Consent**

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.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

Please provide a phone number where you can be reached in case there are technical difficulties with video session:

\_\_\_\_\_

Please also provide an emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

—

Phone Number \_\_\_\_\_