

Caring Journey Counseling

151 E. 6100 S., Ste. 315
Murray, UT 84107

Office-(801) 747-1754 Cell: (801) 450-6754 Fax-(801) 747-1793

INFORMED CONSENT FOR TELETHERAPY

This Informed Consent for Teletherapy contains important information concerning engaging in electronic psychotherapy or teletherapy. Please read this consent carefully.

Benefits and Risks of Teletherapy

Teletherapy refers to the remote provision of psychotherapy services using telecommunications technologies such as video conferencing or telephone therapy. One of the benefits of teletherapy is that the client and therapist can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or therapist are in a situation where they are unable to continue to meet in person due to extenuating circumstances. It can also increase the convenience and time efficiency of both parties. There are benefits of teletherapy, as well as some inherent risks of teletherapy. There are some differences between in-person psychotherapy and teletherapy.

Risks to confidentiality: Because teletherapy sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure, private environment. I will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. 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 risks inherent in the use of technology for therapy that are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.

Crisis management and intervention: As a general rule I will not engage in teletherapy with patients who are in a crisis situation. Before engaging in teletherapy, we will develop an emergency response plan or safety plan to address potential crisis situations that may arise during the course of our teletherapy work. It is urgent that you share with me any thought that you may have of harming yourself; and any history that you may have of suicide attempts or hospital treatment which you received for suicidal thoughts.

Efficacy: Most research has shown that teletherapy is just as effective as in person psychotherapy. However, some experienced mental health professionals, myself included, believe that something is lost by not being in the same room. For example, there is debate about one's ability when doing remote work to fully process non-verbal information. If you ever have concerns about misunderstandings between you and I related to the use of technology, please bring up such concerns immediately and we will address the potential misunderstanding together.

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Electronic Communications

We will discuss which is the most appropriate platform to use for teletherapy services. You may be required to have certain system requirements to access electronic psychotherapy via the method chosen. You are solely responsible for any cost to you to obtain any additional/necessary system requirements, accessories, or software to use electronic psychotherapy.

For communication between sessions, email exchanges and text messages should be limited to matters such as setting and changing appointments, and other related issues. You should be aware that there is a small risk that a third party could gain access to your information sent by email. Please do not send confidential information via email, if possible. Treatment is most effective when clinical discussions occur at your regularly scheduled sessions, however if an urgent issue arises, you can reach me by phone or text. If you are unable to reach me and feel that you cannot wait for me to return your call or text, please call 911 or the UNI crisis line at (801) 587-3000 in the case of an emergency.

Confidentiality

Counselors have a legal and ethical responsibility to make our best efforts to protect all communications, electric and otherwise, that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even though we may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. In order to address some of these difficulties, in the event of a crisis or emergency I will ask you to disclose where you are, ask you to contact 911, and I will contact your emergency contact on file to assist in addressing the situation. If the session cuts out, meaning the technological connection fails, and you are having an emergency do not call me back, but call 911, the UNI Crisis Line at (801) 587-3000, or go to your nearest emergency room. Call me after you have called or obtained emergency services. If the session cuts out and you are not having an emergency, disconnect from the session and I will reconnect you via the teletherapy platform on which we agreed to conduct therapy. If you do not reconnect within five (5) minutes, then call me on my cell. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates shall apply for teletherapy as apply for in-person psychotherapy.

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Consent

This agreement is intended as a supplement to the general informed consent that we may have agreed to at the outset of treatment. Your signature below indicates agreement with its terms and conditions.

I, _____, the client, having been fully informed of the risks and benefits of teletherapy; the security measures in place, which include procedures for emergency situations; the fees associated with teletherapy; the technological requirements needed to engage in teletherapy; and all other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.

Client Signature

Date

Parent/ Guardian/ Representative Signature

Date