

**The Psychology Center  
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Lincoln, NE 68510-2466**

**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 telecommunication 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 moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. 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:

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. 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 computer, tablet, 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.

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.

Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in 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.

Efficacy. Most research show 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 a 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. Most insurance companies and third-party payors do not reimburse for psychotherapy sessions via telephone calls. If not covered by insurance, telephone calls will be billed at our agreed rate.



For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things such as 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 text. While my email is encrypted when the email is in my inbox, I cannot guarantee that the email is secure in your inbox or during transmission. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not immediately monitor emails and text message, 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 24 hours except on week ends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or go to the nearest emergency room. If 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. I cannot guarantee that my colleague will be able to provide teletherapy in my absence.

### **Confidentiality**

I have a legal and ethical responsibility to make my best effort 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 that I outlined in my contract, Sessions Agreement, still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Telepsychology**

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.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I will ask you to identify an emergency contact person who is near your location and who I can contact in the event of a crisis or emergency to assist in addressing the situation. I will discuss an authorization for you to sign for such potential emergency contacts.

If our session is interrupted for any reason such as a connection failure and you are having an emergency, do not call back, but call 911 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

It may also be useful and/or appropriate to call the National Suicide Prevention Line at 1-800-273-8255 or CenterPointe Crisis Response at 402-475-6695 for support if you are not having an emergency and are unable to reach me.

If our session is interrupted and you are not having an emergency, disconnect from the session and I will wait 2 minutes and then re-contact you via the telepsychology platform on which we agree to conduct therapy. If you do not receive a call back, then call me.

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 apply for telepsychology as apply for in-person psychotherapy. However, insurance of other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance or third-party payor does not cover telepsychology sessions, you will be solely responsible for the entire fee of the session. **Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these session 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 your understanding of the contract and agreement with its terms and conditions.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date