

TELETHERAPY CONSENT TO BEHAVIORAL HEALTH SERVICES

1. Telehealth, Telepsychiatry, and Teletherapy is the use of electronic transmissions to treat the needs of a patient. In this case, we offer both video and audio forms of communication via the Internet and/or telephone. This means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications, may occur from different locations geographically in order to assist with delivery of care when access to care may not be possible by face-to-face visits.
2. While Telepsychiatry and Teletherapy are effective ways to obtain assistance when geographic distance or scheduling conflicts prevent face to face care, in the event that Teletherapy is determined to not be in your best interests, your provider will explain that to you and suggest some alternative options better suited to your needs. In most cases this will likely include a recommendation for face-to-face psychiatric consultation or psychotherapy, or a referral to a facility or an agency that may provide a higher level of care. Telepsychiatry and Teletherapy are not intended for emergency services, and if emergencies arise you will be required to seek face to face consultation and evaluation, and by signing this consent, you agree in advance to seek such care if you or your provider deem this necessary. Before initiating teletherapy, your provider will discuss with you an emergency response plan. Delaware Psychological Services and its providers may provide daytime emergency consultation via phone or in person, and after hours telephone coverage for emergencies. Despite this, in the event of an imminent emergency, clients should consult the nearest emergency room or psychiatric facility to provide emergent care. *For clients under the age of 18 please call 1-800-969-HELP if you are in crisis. If you are an adult please call 1-800-345-6785 if you are in crisis.*
3. You are responsible for information security on your computer. If you decide to keep copies of our emails or other communication on your computer, it's up to you to keep that information secure. Unfortunately, Delaware Psychological Services cannot guarantee the security of emails as they travel between computers. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails.
4. Teletherapy via a video platform embedded on our website used by Delaware Psychological Services providers. This video platform is considered to be secure because it is reported by the manufacturer to be encrypted and therefore confidential so that it meets HIPAA acceptable privacy guidelines. Despite the manufacturer's representation, Delaware Psychological Services does not independently certify that it meets encryption criteria for HIPAA compliance, and therefore you release Delaware Psychological Services from any liability in the event that teletherapy via the video platform is not secure and confidential as reported by the manufacturer. Confidentiality still applies and nobody will record the session.
5. Teletherapy may be received either from your chosen environment (e.g., home or work) or from a Delaware Psychological Service office. In the event that it is delivered to you while you are outside of Delaware Psychological Services, you understand that you are responsible for (1) providing the necessary computer, telecommunications equipment and internet access for Teletherapy sessions; (2) the information security on your computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions and intrusions, and (4) sufficient for privacy to protect your personal health information.
6. I understand that there are risks and consequences from Teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Delaware Psychological Services provider, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Other risks include Viruses, Trojans, and other involuntary intrusions have the ability to grab and release information you may desire to keep private. Furthermore, with Teletherapy, there is the risk of being overheard by anyone near you if you do not place yourself in a private area and protected from other's intrusion. You maintain sole responsibility for ensuring the privacy of your surroundings if participating in Teletherapy. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my provider's efforts, my condition may not improve, and in some rare cases may even get worse.
7. Payment for Teletherapy must be determined in advance with your provider or the practice. In Delaware, Teletherapy statutes require insurance companies to reimburse for Teletherapy, although not all plans are fully insured or provide coverage for Telepsychiatry. In either event, a credit card must be kept on file for payment at the time of service, or payment must be made prior to the session. Some clients choose to pay in advance and leave credit balances on their account to cover future Teletherapy services when geographic distance precludes attendance on site at Delaware Psychological Services office. Please discuss coverage with your provider, and whether your insurance plan will cover the service.
8. I agree to use the video platform selected for our virtual sessions; your provider will explain how to use it.



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I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time.

Signature of client ages 14 years or older

Date

Signature of witness

Date