



PRESBY PSYCH

WHERE HOPE MEETS HEALING

TELETHERAPY INFORMED CONSENT

INTRODUCTION

I, _____, hereby consent to engage in teletherapy with a clinician employed by Presby Psych and delivered through <https://doxy.me>, a HIPAA compliant teletherapy platform.

Teletherapy is a form of psychological service provided via HIPAA compliant internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations, and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the protected communication of my medical/mental health information, both orally, and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

CLIENT'S RIGHTS, RISKS, RESPONSIBILITIES

I understand that, as a client of Presby Psych, I have the following rights with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting any right to future care or treatment.
- The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with Presby Psych: including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self and/or an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my clinician, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Using a HIPAA compliant platform like doxy.me limits the potential for these types of breaches.
- I understand that there is a risk that services could be disrupted or distorted by unforeseen technical problems.
- I understand that teletherapy based services and care may not be as complete as face-to-face services.

- I understand that if my psychologist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. If none is available during the COVID-19 crisis, I can follow the emergency care instructions outlined below.
- I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychologist, my condition may not improve, and in some cases may even get worse.
- I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can:
 - Call 911
 - Proceed to the nearest hospital emergency room for help.
 - If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, my psychologist will recommend more appropriate services.
- I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the psychological treatment provider to do the same on their end.
- I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.
- I understand that I have a right to access my medical and mental health information and copies of medical records in accordance with North Carolina law.

I have read, understand and agree to the information provided above regarding telehealth:

Client/Parent/Guardian Signature: _____

Date _____

If you are not coming into the office for your regularly scheduled session and intend to use teletherapy to meet with your clinician(s):

please sign this form and:

- Email it back to: sandi.penley@presbypsych.org
- **Or**
- Fax it to 704-554-9956
- **Or**
- Mail it to: Presby Psych, 5203 Sharon Road, Charlotte, NC 28210