

Emily Daniels, MA, LMFT
Independent Contract Therapist
Institute for Couple and Family Enhancement

Teletherapy Consent Form: Addendum to Informed Consent Form

What is Teletherapy?

Teletherapy, also known as Telemental Health, is the practice of therapy that includes the diagnosis, evaluation, consultation, education, intervention, and treatment of behavioral, social, and interpersonal disorders through the assistance of technology. Teletherapy electronic communication can include, but is not limited to, telephone, videoconferencing, email, text, and instant messaging. Emily Daniels has obtained a NBCC (National Board for Certified Counselors) accredited 15-hour certificate in Technology Assisted Services that meets the training requirements for licensees in the State of Texas.

Teletherapy services with Emily Daniels are available to **Texas Residents only**, and are available to Individual, Couple, and Family clients. Emily Daniels will determine whether or not Teletherapy is an appropriate method of therapy delivery on a case by case basis, and will continue to evaluate the appropriateness of Teletherapy delivery throughout the treatment process. At this time, Teletherapy services are only being offered via video and phone conferencing.

Risks and Benefits

Teletherapy has its own unique risks and benefits in addition to those outlined in the Informed Consent Form. Benefits may include increased access to care for clients that lack reliable transportation, have difficulty accessing providers near them, and/or have medical issues that require them to be home. Teletherapy can also offer more flexibility with scheduling, as time taken to travel to sessions is removed. Risks may include unexpected technological failures during sessions, increased risks to privacy, and lack of the personal face-to-face interaction and safe environment that traditional therapy services provide. Additionally, due to the lack of nonverbal communication that occurs in face-to-face sessions, Teletherapy may be slower to progress and/or less effective overall. Research results for Teletherapy are promising; however, more information is still needed to examine the effectiveness of Teletherapy as technology evolves.

Necessity of In-Person Evaluation

It is required, unless otherwise determined by Emily Daniels, that the initial therapy session be done face-to-face so that the appropriateness of Teletherapy can be evaluated. This requirement may include two face-to-face intake sessions in the treatment of minor clients (a parent session and a child/family session).

WeCounsel Platform

In order to provide HIPPA compliant, accessible, videoconferencing services, I utilize the assistance of the video conferencing platform WeCounsel (www.wecounsel.com). Electronic systems used through WeCounsel are HIPPA compliant. The WeCounsel platform has the network and software security measures in place to protect the confidentiality of patient identification and imaging data, and includes measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

Client Records

All client records are kept in written, hard copy form, at the Institute for Couple and Family Enhancement (21015 Market Ridge, Suite 101, San Antonio, Texas 78258) in compliance with current privacy laws. All records are kept for 5 years after the date of the client's final session, and/or 5 years after a minor client turns 18. All records requests must be submitted in writing. See the Fees and Appointments section of the Informed Consent Form for more information on the records request fee. For more information on storage and consultation, see the Professional Consultation and Shared Office Space section of the Informed Consent Form.

Verification of Client Identity

During your in-person intake session, Emily Daniels will obtain a copy of your ID and work with you to agree upon security questions that will be used to verify your identity at the start of each Teletherapy session. Additionally, clients will be asked to identify their location at the time of the session.

Technological Failures

If a video/telephone session experiences a disruption/technological failure, the therapist will re-establish the connection (place a new video/telephone call) unless other arrangements have been made between client and therapist. If the therapist is not able to re-establish the connection within 15 minutes of a disruption/technological failure, contact regarding rescheduling will be made via phone message and/or email in accordance with the client's Consent for Communication Form. If more than 30 min of the session has been conducted before the technological failure, the client will still be subject to the full session fee.

Fees and Insurance

Private pay rate per 50-60 minute standard therapy session is \$115. Emily Daniels is not currently in-network with any insurance providers, but will provide you with the necessary paperwork if you would like to attempt to obtain reimbursement for out-of-network services. It is important to note that not all insurance companies cover Teletherapy services. For additional information on the cancellation policy, refer to the Fees and Appointments section of the Informed Consent Form.

Minors and Teletherapy

In Teletherapy treatment of a minor client, the parent/guardian must provide proof of the child's identity in addition to their own. The Consent for Treatment of Minors Form must also be signed. If there are custody orders in place, a copy of the divorce/custody decree must be provided before Teletherapy services begin in order to confirm parent right to consent for treatment. Additionally, any minor client(s) that will be doing Teletherapy and are old enough to schedule their own appointments must complete a Consent for Communication form signed by both the parent/guardian client(s) and minor client(s).

Emergencies

Teletherapy sessions are available by appointment only. Teletherapy services do not constitute as emergency/crisis therapy services. In the event of an emergency, you have several options. You may go to the nearest emergency room, call 911 for emergency assistance, or contact the Crisis Stabilization Unit of the Center for Health Care Services at 225-5481 (M-F, 8 a.m -5 p.m.), after-hours emergency, call 531-7826. You may also call the United Way HELP Hotline by dialing 227-4357 (HELP).

Best Practices

In an effort to create an environment that is as close to a face to face experience as possible it is important that you adhere to the following guidelines:

- Ensure that your location is private and secure. Specifically, that your location is away from distractions and any non-participants that might overhear. Make arrangements for childcare if necessary.
- For videoconferencing sessions, make sure there is sufficient lighting. Additionally, only use a Wi-Fi network that is secure via password protection. It is recommended that you position yourself so that you are visible from at least the waist up in the video frame.

By signing this form, I understand and consent to the following statements:

I am consenting to Teletherapy for myself and/or my minor child with Emily Daniels, MA, LMFT. This is an addendum Teletherapy Consent Form that must be signed in conjunction with the Informed Consent form for Ms. Daniels.

I understand that if I am experiencing an emergency, I will follow the procedures laid out above and in the Informed Consent Form.

I understand that I am responsible for providing the necessary computer, telecommunication equipment, and internet access for Teletherapy services, and I will abide by the best practices described above.

I hereby authorize WeCounsel and its employees, agents, and independent contractors to use telemedicine in the course of my diagnosis and treatment.

I/we agree to pay the fee of \$115 per therapy hour. I agree to give 24-hour notice for cancelled appointments if at all possible by calling my therapist directly at (210) 538-4904. I understand that failure to cancel or reschedule an appointment with less than 24 hours notice will result in my being charged the full fee for the appointment. I understand that my insurance may not cover Teletherapy and that I have the right to request an Out-Of-Network statement to submit to my insurance company for potential reimbursement.

I understand that Teletherapy services and care may not be as complete as face – to - face services, and that it is up to the discretion of Emily Daniels whether or not continued Teletherapy services are appropriate. 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 therapist, my condition may not improve and in some cases may even get worse.

I understand and agree that in the event of an adverse reaction to treatment, or in the event of an inability to communicate as a result of a technological failure, I will seek follow-up care and/or assistance at the recommendation of my therapist.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to Teletherapy. I understand and am aware of the exceptions to confidentiality outlines in the Informed Consent Form.

I understand that I have the right to withhold or withdraw my consent to the use of Teletherapy in the course of my care at any time, without affecting my right to future care or treatment.

I understand that I have the right to inspect all information obtained and recorded in the course of a Teletherapy interaction, and may receive copies of this information for a reasonable fee after first consulting with my therapist. Sessions are NOT allowed to be recorded without consent of both the client(s) and therapist.

Signed (Client/Minor Client Guardian) Date

Signed (Client/Minor Client Guardian) Date

Signed (Emily Daniels, MA, LMFT) Date