

INFORMED CONSENT TO PARTICIPATE IN TELETHERAPY

I have been asked to receive psychotherapy remotely via teletherapy. I understand that I will be receiving therapy through “Zoom” an interactive videoconferencing software. I understand that a link to this software will be sent to me and my therapist will answer any questions I have about it before I receive services. I understand that my participation in teletherapy is voluntary and I may refuse to participate or decide to stop participation at any time, verbally or in writing. I understand that my refusal to participate or decision to stop participation will be documented in my record. I will be informed by my therapist of the potential consequences of my revocation of informed consent for teletherapy before finalizing my decision to do so.

Your Privacy:

I understand that my privacy and confidentiality will be protected. Zoom videoconferencing software has issued Ellen Bronder, PhD, a HIPAA-required Business Associate Agreement where Zoom agrees to be responsible for keeping all client information secure and to immediately report any breach of personal health information. Zoom maintains a high level of digital security through:

- a. Peer-to-Peer Sessions - Data privacy is protected as all audio/video communication is securely encrypted and transmitted from point-to-point such that even Zoom does not have access to any identifiable health information that may be communicated.
- b. Encryption - All Zoom traffic is encrypted with 256-bit AES-GCM Advanced Encryption Standard. No servers, including Zoom, have access to the decryption keys. This keeps teletherapy sessions absolutely confidential.

I understand that when receiving teletherapy no person other than my therapist will be in the room at the originating site. I also agree to personally ensure a consistent and private physical space where I receive teletherapy services. This may require assertive communication with family or friends. Specifically, I will ensure:

- High speed internet service
- Strong WIFI signal or alternatively a hardwire connection between my computer and modem.
- A consistent location to receive teletherapy.
- No person will be in the room with me or able to hear me through a door, etc.
- No person will interrupt our session.

Possible Benefits of Teletherapy:

- Reduced risk of infection given the current social distancing protocol recommended by the Center for Disease Control to address COVID-19.
- Enhanced access to services that are unavailable in person because of geographical distance, clients’ disabilities, or illnesses.
- Being able to respond to clients rapidly.
- Enhanced access to services by reducing scheduling challenges.
- More cost-effective service delivery.
- Ease of communication.
- Reduction in lost work time and costs associated with travel to obtain therapy.
- The ability of you and your therapist to view each other’s facial expressions, an important source of non-verbal information.

Possible Risks of Teletherapy:

- Potential for technology failure and interruption of services.
- Potential for digital confidentiality breaches.
- Cost of computer and home internet service.
- Limited visual information compared to in-person therapy. This can interfere with observation of therapeutically relevant issues associated with your physical condition. Potential consequences include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist: height, weight, body type, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming, hygiene and manner of dress, eye contact (including any changes in the previously listed issues), sex, gender, chronological and apparent age, ethnicity, body language, and congruence of language and bodily expression.

Rules to follow for teletherapy:

Do not drive while in session. If you are driving or I will ask you to pull over to proceed or leave the session until you are not driving.

Do not have anyone else in the room with you during session. This is necessary to protect and everyone else's privacy. I will ask you to leave session if you are not alone.

Refrain from using electronic devices while in group. Please put away your phone and other electronics.

Be fully clothed. I ask you are fully clothed (e.g., do not attend group without a shirt on). I will ask you to leave session if you are not fully clothed.

Physical location. If you are not at the address not listed on your intake form, please tell me your updated address.

Be in one of the states my license covers. These states include Alabama, Arizona, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maine, Maryland Minnesota, Missouri, Nebraska, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia & Washington. If you are not in these states, per Ohio & Washington Psychology Board & PSYPACT regulations, I cannot treat you.

Emergency contact. If you do not have an emergency contact listed with me, I cannot work with you until I have one.