

## SARA MILMOE COUNSELING AND RECOVERY SERVICES

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### INFORMED CONSENT FOR TELE-PSYCHOTHERAPY

This Informed Consent for Tele-therapy contains important information concerning engaging in electronic psychotherapy or tele-therapy. Please read this carefully and let me know if you have any questions. This consent shall only apply to clients physically within the State of Colorado seeking therapeutic treatment within the State of Colorado.

#### Benefits and Risks of Tele-therapy

Tele-therapy refers to the remote provision of psychotherapy services using telecommunications technologies such as video conferencing or telephone. One of the benefits of Tele-therapy is that the client and therapist can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or therapist moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person (i.e.; Covid-19 coronavirus). It can also increase the convenience and time efficiency of both parties.

Although there are benefits of Tele-Psychotherapy, there are some fundamental differences between in-person psychotherapy and Tele-Psychotherapy, as well as some inherent risks.

#### **Please Initial risks noted below:**

\_\_ Risks to confidentiality: Because Tele-therapy sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. I will take reasonable steps to ensure the privacy and security of your information.

It is important for you to review your own security measures and ensure that they are adequate to protect information on your end. **You should only participate in therapy while in a room or area where other people are not present and cannot overhear the conversation.**

\_\_ Issues related to technology: There are risks inherent in the use of technology for therapy that is important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be intercepted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.

\_\_ Crisis management and intervention: As a general rule, I will not engage in Tele-therapy with patients who are in a crisis situation. Before engaging in Tele-Psychotherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our Tele-therapy work. If you are in crisis or having an emergency \*do not call me\* **Call 911 or Go to your nearest Emergency Department.** Call me after you have obtained emergency services.

\_\_ Efficacy: While most research has failed to demonstrate that Tele-therapy is less effective than in person psychotherapy, some experienced mental health professionals believe that something is lost by not being in the same room. For example, there is debate about one's ability when doing remote work to fully process non-

Please send completed forms to:

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verbal information. If you ever have concerns about misunderstandings between us related to our use of technology, please bring up such concerns immediately and we will address the potential misunderstanding together.

### Electronic Communications

The platform I use for Tele-therapy services is HIPAA compliant. You may be required to have certain system requirements to access electronic psychotherapy via the Vidhealth.com waiting room link I've provided. You are solely responsible for any cost to you to obtain any additional/necessary system requirements, accessories, or software to use electronic psychotherapy.

For communication between sessions, I use email and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messaging with my office should be limited to 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. Therefore, I will not include any protected health information (PHI) via email or text and highly recommend that you don't either.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions, however if an urgent issue arises, you should feel free to attempt to reach me by phone. I will make every effort to return your call on the same day you make it, with the exception of weekends 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 the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### Confidentiality:

I have a legal and ethical responsibility to make my best efforts to protect all communications, electronic and otherwise, that are a part of our Tele-Psychotherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Disclosure Statement will still apply in Tele-Psychotherapy. Please let me know if you have any questions about exceptions to confidentiality.

### Appropriateness of Tele-therapy

If at any time while we are engaging in Tele-Psychotherapy, I determine that Tele-therapy is no longer the most appropriate form of treatment for you; we will discuss options of engaging in face-to-face in-person counseling or referrals to other professionals in your location who can provide appropriate services.

### Emergencies and Technology:

Assessing and evaluating threats and other emergencies can be more difficult when conducting sessions via Tele-therapy rather than with traditional in-person therapy. In order to address some of these difficulties, I may ask you where you are located at the beginning of each session and I will ask that you identify emergency

resources that are near your location that I may contact in the event of a crisis or emergency to assist in addressing the situation. I may also ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session cuts out, meaning the technological connection fails, and you are having an emergency do not call me back, but call 911, the Colorado Crisis Hotline at 844-493-TALK (8255), or go to your nearest emergency room. Call me after you have called or obtained emergency services.

If the session cuts out and you are not having an emergency, disconnect from the session and I wait one or two (1-2) minutes and then re-connect via the Tele-therapy platform (Vidhealth waiting room). If we are unable to reconnect within two (2) minutes then call me on the phone number I have provided to you (303-829-8805).

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 shall apply for Tele-therapy as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted using electronic psychotherapy. If your insurance, HMO, third-party payer, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company in order to determine whether these sessions will be covered.

#### 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. Your signature below indicates agreement with its terms and conditions. This agreement is supplemental to my general informed consent and does not amend any of the terms of that agreement.

I, \_\_\_\_\_, the client, having been fully informed of the risks and benefits of Tele-Psychotherapy; the security measures in place, which include procedures for emergency situations; the fees associated with Tele-Psychotherapy; the technological requirements needed to engage in Tele-Psychotherapy, and all other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.

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Signature of Client

Date