



# Better Today Counseling & Wellness

## **Patient Information and Consent Form for Teletherapy**

### **Introduction**

Teletherapy is the delivery of psychological services using interactive audio and visual electronic systems where the clinician and the patient are not in the same physical location. The interactive electronic systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

### **Potential benefits of teletherapy**

- Increased accessibility to psychological care
- Patient convenience

### **Potential Risks with teletherapy**

As with any healthcare service, there may be potential risks associated with the use of teletherapy.

These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate psychological decision making by BTCW.
- BTCW may not be able to provide psychological treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
- Delays in psychological evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of my confidential psychological information.
- A lack of access to all the information that might be available in a face-to-face visit but not in a teletherapy session may result in errors in psychological judgment.

### **Alternatives to the use of teletherapy**

- Traditional face to face sessions with a local provider (not currently available due to COVID).

### **Confidentiality Standards required for teletherapy:**

- During a teletherapy health session, both locations shall be considered a patient examination room regardless of a room's intended use.
- Both sites shall be appropriately chosen to provide audio and visual privacy.
- Rooms shall be designated private for the duration of the session with the Provider and no unauthorized access shall be permitted.

- Both sites shall take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites shall be identified to all participants prior to the consultation and the patient's permission shall be obtained for any visitors or clinicians to be present during the session.
- HIPAA confidentiality requirements apply the same for teletherapy as for face-to-face consultations.

### **My Rights**

1. I understand that the laws that protect the privacy and confidentiality of psychological information also apply to teletherapy.
2. I understand that the video conferencing technology used by BTCW is encrypted to prevent unauthorized access to my private psychological information.
3. I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
4. I understand that BTCW has the right to withhold or withdraw her consent for the use of teletherapy during the course of my care at any time.
5. I understand that the all rules and regulations which apply to the practice of psychotherapy in the state of Minnesota also apply to teletherapy.
6. I understand that BTCW will not record any of our teletherapy sessions without my prior written consent.

### **My Responsibilities**

1. I will not record any teletherapy sessions without prior written consent from BTCW.
2. I will inform BTCW if any other person can hear or see any part of our session before the session begins. BTCW will inform me if any other person can hear or see any part of our session before the session begins.
3. I understand that third-parties may be required to join in the meeting with my provider and me to provide technical support. I understand that I may be asked to interact with the technical support person on camera in order to fix the problem. I understand that if I decline this request and my equipment is rendered unusable for video conferencing, I may forfeit my option to use teletherapy.
4. I understand that I, not BTCW, am responsible for the configuration of equipment on my computer which is used for teletherapy. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I may need to contact a designated third party (Secure Telehealth) for technical support to determine my computer's readiness for teletherapy prior to beginning teletherapy sessions with my Provider.
5. I understand that I must be a resident of the state of Minnesota to be eligible for teletherapy services from BTCW.

### **Patient Consent To The Use of Teletherapy**

I have read and understand the information provided above regarding teletherapy, have discussed it with BTCW and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of teletherapy in my psychological care and authorize BTCW, to use teletherapy in the course of my diagnosis and treatment.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_