

# Teletherapy Informed Consent

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## CONSENT FOR TELETHERAPY SESSIONS

1. I understand Teletherapy phone or video conferencing is an optional medium for my therapy appointments.
2. I understand that video or phone sessions will not be the same as a direct visit due to the fact that I will not be in the same room as my therapist.
3. I understand that a Teletherapy session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. Teletherapy may be useful for those living in Texas but too far to travel to the therapist's office, for those traveling for work, those unable to obtain transportation to an in-person session, or those in quarantine.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the Teletherapy session if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand that my therapist will not conduct a Teletherapy session while I am driving or in a public space or while non-participating others are present within sight or earshot.
6. I understand that I am expected to have a private location and my technology prepared prior to the time of our appointment.
7. I understand that my therapist may decide to terminate video therapy services if she deems it inappropriate for me to continue therapy through video sessions, in which case my therapist will refer me to an appropriate provider for in-person care.

## PRE-SESSION PREP INSTRUCTIONS

### Creating Confidential Space:

Please read the following to help you get your space and your tech set up before a Telehealth session. In order to have the best results, you should be in a quiet place with limited interruptions. Things to consider:

- *Is the space private?*
- *Can you lock the door? If not, will others who have access to the space respect your request for privacy and not enter the room? Can you/have you had a conversation with them? Were they receptive?*
- *Can others outside the room hear you talking? If so, can you create white noise with a fan or other form of background noise? (Preferably placed outside the doorway of the room you're in.)*
- *Consider using headphones or earbuds so that your provider's voice is kept private and is only hearable by you. (This can also help prevent echoing/interference problems with the audio for your therapist.)*

If you have a hard time finding confidential space, here are some examples that others have used. These are not ideal but should be considered secondary choices if an ideal setup is not available. If you use any of these, please make sure that the space is comfortable to you. Being comfortable is also highly important.

- *Laundry Room*

- *Walk-In-Closet*
- *Basement*
- *Attic*
- *Actual last resort: your car parked in a safe, private spot. (We want to emphasize that private does not mean secluded. Please do make sure you are in a safe location.)*

#### **Technical Setup:**

- A laptop or desktop computer are ideal. If you're using a tablet or phone, please prop up the device so that it is stable and that the camera is about level with your eyes.
- Please make sure that you're well-lit and don't have a bright light source directly behind you.
- Be sure you have a secure and strong internet connection.
- Close out of any programs you don't need that use your internet connection.

#### **CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE**

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. Please read the following video therapy consent and sign below. If you have any questions, please let your therapist know, and she'll be happy to answer them. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.