

BAYSIDE THERAPY ASSOCIATES LLC

Teletherapy Informed Consent Form

I, _____ (patient name) hereby consent to engage in teletherapy with _____ . I understand that “teletherapy” is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical/mental health information, emails, telephone conversations and/or education using interactive audio, video or data communications.

Teletherapy has the same purpose intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that tele therapy may be experienced somewhat differently than face-to-face treatment sessions. What is important is that you are aware that tele therapy may or may not be as effective as in-person Therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this for of therapy.

I understand that I have the following rights with respect to teletherapy:

1. I, the client, have the right to withhold or withdraw at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the Disclosure Statement Form I received at the start of my treatment with my therapist.
3. I understand that there are risks and consequences of participation in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my therapist, the following: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the treatment provided to do the same on their end.
5. I understand that I will be billed the standard fee for these services; therefore, I am responsible for any charges that occur. It is our understanding that most insurance will cover teletherapy at equivalent rates as face to face.
6. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.

Client Signature _____ Date _____

Client Email Address _____

Therapist Signature _____ Date _____