



## **Telepsychology Informed Consent**

Tele-psychology is a form of telemedicine that allows clients to access psychological care using audio-video technology. It includes consultation, evaluation, and treatment including transfer of medical data, emails, telephone conversations, and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually. Technology used will incorporate network security to protect the confidentiality of patient identification and imaging data. The technology platform used is through VSee or Doxyme, which encrypts information and does not store it in order to be compliant with HIPAA.

Expected Benefits and Results:

- Clients can eliminate costly and/or lengthy commute time.
- Clients can be seen in the privacy of their own home and/or office.
- Clients may feel less shame or embarrassment and may feel more inclined to share information than a face-to-face session.
- Clients will have more time to journal, meditate, and reflect immediately before and the session.
- Clients may find scheduling easier.

Possible Risks include, but not limited to:

- Despite reasonable efforts on the part of my therapist, 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.
- Technology may not work as expected and a telephone session may have to replace a virtual face-to-face, or a reschedule may be necessary. If this happens you may contact Dr. Sikora at 602-312-4522.
- It is possible a breach of security may occur in the virtual system that is beyond the control of this office as a result of a problem through VSee or Doxyme, the Internet providers on either end, or others.
- I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services). If Dr. Sikora believes you will be better served by those services, she will discuss this with me and either suggest I change to in-office services or refer me to a professional who can provide such services in my area.
- Family members may return to my home, or coworkers to the office, or others in other rooms may be able to hear me during a session and overhear information I share or Dr. Sikora's responses to you. I acknowledge that I am responsible for securing private areas in which to hold my sessions and use headphones or earbuds as needed to maintain my confidentiality. Dr. Sikora will be in a private office area with the door closed when providing her services in the same manner she would be if I were to go to her office for care.
- Some clients find that they do not feel that they make the same progress without the face-to-face in-person therapy. I am welcome to change to in-person sessions and can reschedule a session to in-person at any time by notifying Dr. Sikora.
- I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.



- Currently many insurance companies do reimburse for telepsychology in a private practice; but that is not a guarantee. We do know that Blue Cross and Humana have been paying for services and will verify prior to sessions but suggest you do the same.

By signing the informed consent you understand the following:

- 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.
- The same laws that protect privacy and health-care information in person also apply to telepsychology.
- The information provided will not be used in research or for any other purpose.
- Changes in mood, medication, or lifestyle that may affect my therapy are my responsibility to report to the therapist.
- Positive changes and outcomes may be a result of telepsychology; however, no positive results can be guaranteed or assured.
- Consent may be withdrawn in writing at any time. Notice should be sent to: [drbeth@bethsikoraphd.com](mailto:drbeth@bethsikoraphd.com) or to the office at the address shown below.
- All other policies and procedures, confidentiality limitations, and informed consent that is part of the treatment plan also apply, please see appropriate forms also provided.
- I understand that while email may be used to communicate with my therapist confidentiality of emails cannot be guaranteed.

I have read, understand, and agree to the information provided above. I hereby give my informed consent for the use of telepsychology in the course of my diagnosis and treatment and authorize Dr. Beth Sikora to use telepsychology in the course of my diagnosis and treatment.

Electronic Signature of Client:

\_\_\_\_\_

Electronic Signature of Therapist:

\_\_\_\_\_ *Beth Sikora, Ph.D.* \_\_\_\_\_

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