

INFORMED CONSENT FOR TELEPSYCHOLOGY



Alviva Therapy Associates

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between you and your therapist.

Benefits and risks of telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the patient and therapist can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the patient or therapist moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. Additionally, it protects both patient and therapist during the COVID-19 pandemic. Telepsychology, however, requires technical competence on both parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- **Risks to confidentiality:** Since telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. Your therapist will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for your session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues related to technology:** There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to your private conversation, or stored data could be accessed by unauthorized people or companies. Your privacy is paramount at Alviva Therapy Associates, and to that end, we use a HIPAA-compliant G-Suite platform for our business, a HIPAA-compliant e-fax account, and a HIPAA-complaint software platform for scheduling, patient data, and telehealth. While we have taken all steps necessary to ensure that your Protected Health Information (PHI) is kept confidential in the aforementioned ways, security breaches are not impossible.
- **Crisis management and intervention:** Your therapist will usually not engage in telepsychology with patients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, your therapist will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
- **Efficacy:** Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Appropriateness of telepsychology

If at any time your therapist assesses that telepsychology is no longer the most appropriate form of treatment for you, they will speak with you about other treatment options, such as engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, you and your therapist will create an emergency plan before engaging in telepsychology services. Your therapist will ask you to identify an emergency contact person who is near your location and who they will contact in the event of a crisis or emergency to assist in addressing the

situation. Your therapist will ask that you sign a separate authorization form allowing them to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection failing, and you are having an emergency, do not call your therapist back; instead, call 911 or go to your nearest emergency room. Call your therapist back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session, and your therapist will wait two (2) minutes and then re-contact you via the telepsychology platform on which you agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call your therapist on the phone number provided (202-656-1488).

If there is a technological failure, and the therapist is unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, 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 prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

Recordings

The telepsychology sessions shall not be recorded in any way, either by the patient or by the therapist, unless agreed to in writing by mutual consent. The therapist will maintain a record of sessions in the same way they maintain records of in-person sessions in accordance with their policies.

Informed consent

This agreement is intended as a supplement to the Practice Policies and Informed Consent that you signed and does not amend any of the terms of that agreement. Your signature below indicates agreement with these terms and conditions.

Patient

Date

Therapist

Date