

## INFORMED CONSENT CHECKLIST FOR TELETHERAPY SERVICES

In light of COVID-19, I am offering virtual sessions for clients in order to comply with the CDC's recommendation for social distancing. While I am hopeful that we will be able to resume our normal face to face interactions soon, in the interim I am grateful for technology that will allow us to remain connected during this time. Please take a moment to review the information below and let me know if you have any questions. Please return a copy of this form to me before our scheduled appointment.

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for teletherapy services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the counselor will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your appointment, you must notify the counselor 24 hours in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in teletherapy sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- Should you not have access to the internet or prefer a phone session, please discuss that with your counselor prior to your scheduled appointment and refer to the note above regarding insurance coverage, which may or may not apply to these types of services.
- As your counselor, I may determine that due to certain circumstances, teletherapy is no longer appropriate and that we should resume our sessions in-person.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient/Patient's Legal Representative: \_\_\_\_\_

Counselor's Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_