



## Telepractice/Teletherapy Consent

**Modern Wellness Psychotherapy & Healing**

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### **TELEPRACTICE/TELE THERAPY CONSENT AND PRACTICE POLICIES**

Services by electronic means, including but not limited to telephone communication, the internet, facsimile machines, and e-mail are considered telemedicine by the State of Arizona. Telemedicine, teletherapy, or telepractice is broadly defined as the use of information technology to deliver medical services and information from one location to another.

If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) I make all attempts to ensure that teletherapy is provided across a platform that will maintain the strictest confidentiality and is compliant with HIPAA. However, there are additional inherent confidentiality risks in the use of electronic communication and I cannot guarantee confidentiality of information shared electronically due to the nature of information technology.

(4) Your access to all medical information transmitted during a teletherapy session is guaranteed, and copies of this information are available.

(5) There is the possibility of technology failure inherent to the use of electronics for the purposes of teletherapy. In the event of a failure of technology the therapist will find a form of communication with which to contact the client to discern next steps including telephone call, email, or text message.

(6) Emergency contact numbers for crisis communication have been provided to you in the case of a behavioral health emergency when the therapist is not available. For state of Arizona crisis contact information, please refer to the document 'Crisis Contact Information' that you have signed at intake.

(7) If teletherapy sessions occur using electronic communication that does not involve video, the therapist will confirm your identity by verification of your full name, birth date, and email address on file.

(8) Teletherapy sessions will only be provided through video or telephone communication. Text messaging is not a form of communication that will be used for teletherapy sessions.

(9) Teletherapy sessions are not typically covered by insurance companies. If you choose to use telepractice you are responsible for the full cost of services.

(10) By enrolling in teletherapy, you are agreeing that you will be located only within the state of Arizona at all times during which telepractice is being used as a platform for therapy sessions.

(11) There are potential risks, consequences, and benefits of telemedicine.

Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences.

When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

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

**Signature:** \_\_\_\_\_

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

**Witness:** \_\_\_\_\_

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