



TELEHEALTH INFORMED CONSENT

This document contains important information unique to telehealth services and my business policies around this service. Please read it carefully. When you sign this document, it will represent a contract between us.

I, [REDACTED] (client's name), hereby consent to engaging in telehealth with **Colette Lord, PhD**, as part of my psychotherapy treatment. I understand that "telehealth" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental information, both orally and visually, to my health care practitioner located in California.

As with traditional psychotherapy, telehealth has both benefits and risks. Because of the technology involved in telehealth, there are more risks to confidentiality than simply sitting in a traditional therapy office. I have adopted the HIPAA compliant version of Zoom as my primary platform for providing telehealth services, however, I also have alternative options for HIPAA compliant platforms if we are unable to make Zoom work for some reason.

Risks: I understand that a potential risk of receiving telehealth services include delays in mental health services due to technological equipment failure, a lack of access to all relevant information, or a security breach. I understand that there is the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

An important part of therapy is sitting face to face with an individual, where non-verbal communication is readily available to both therapist and client. Without this information, telehealth may be slower to progress or less effective. What is important here is that you are aware that telehealth may or may not be as effective as in-person therapy and therefore telehealth services will be used only as an adjunct to our usual, face to face work together.

Benefits: In addition to the added risks of telehealth, there are added benefits as well. Telehealth provides a way for us to remain connected and continue the work together, even when we cannot meet face to face. Continuing to do the work in these circumstances is more beneficial than taking a break from therapy.

You are being offered the option of telehealth services as I have determined that this is an appropriate option for you, our therapy and the stage of work we are at. The appropriateness of telehealth services will be something that is being continually evaluated by me and if at some



point I determine it is no longer appropriate we will discuss our other options and/or discontinue telehealth.

Policies and Procedures

With telehealth, there is the question of where the therapy occurring – at this time the therapy is considered to be occurring in whatever location the client is at and the laws, rules and regulations of that state are the ones that apply to the telehealth services. Therefore, the decision to use of telehealth will be made ahead of time as I will need time to determine if I can legally and ethically provide services to you in whatever state you are currently located. Only if you are still in California could telehealth be considered as an ad hoc service.

Privacy Aspects to Consider

In order to get the most out of your telehealth services, there are steps that you will need to take.

1. Choose a private location to place your telehealth call.
2. I understand that in order to provide the best call environment, I should reduce background light from windows or light emanating from behind me.
3. I understand that my camera should be placed on a secure, stable platform to avoid wobbling and shaking during the telehealth session. To the extent possible, my camera should be placed at the same elevation as my eyes with my face clearly visible to the other person.
4. I understand that I will be informed of the presence of any third party, including those that may be present to assist with the audio or video equipment, and that I have the right to: (1) omit specific details of medical history or physical examination that are sensitive to me during such third party presence, (2) ask non-medical personnel to leave the telehealth examination room, and/or (3) terminate the consultation at any time by notifying my therapist or disconnecting from the telehealth portal.

Technology failures

In the event that the video platform technology or internet services fail and we are unable to continue the telehealth session:

1. Colette Lord, PhD., will place a phone call to your cell phone in order to determine what the next best steps are.
2. If we are unable to connect via phone, I will send an email to check in with you.
3. If there are any safety concerns and we are unable to reconnect within the hour, I may determine a welfare check is needed to ensure your safety and/or the safety of others.
4. If you are feeling unsafe and we are unable to reconnect, you should take steps to get help locally.



Emergency Procedures

It is part of your responsibility to familiarize yourself with the resources in the physical location that you will be in. Your therapist will also familiarize herself with those resources so that

Billing

You are responsible for the cost of this service in the same manner you are responsible for the cost of traditional face to face services. Payment is due at the time of the service.

I have read and understood the written information provided above. I agree that the information provided above adequately explains the Services, along with the risks and benefits to me of said Services. I have had the opportunity to ask questions about this information – if I had any questions, all of my questions have been answered in full.

YOUR SIGNATURE **DATE**

PRINTED NAME