

## **Informed Consent for Teletherapy**

**Teletherapy** refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of teletherapy is that the client and clinician can engage in services without being in the same physical location.

Please note that the preferred method of service delivery at the IPC is in-person. Teletherapy is to be

The extent of confidentiality and the exceptions to confidentiality that were outlined in the initial IPC Informed Consent still apply in teletherapy. Please let your provider know if you have any questions about exceptions to confidentiality.

**Emergencies and Technology:** Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address some of these difficulties, your therapist will create an emergency plan before engaging in teletherapy services. This plan will likely include personal contacts/resources in addition to crisis community services and emergency providers.

To ensure your privacy and reduce the likelihood of your session being interrupted, your provider may ask you to identify your location. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not attempt to call the provider back; instead, call 911 or go to your nearest emergency room. Contact your provider only after you have called for or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and your provider will wait two (2) minutes and then re-contact you via the agreed upon teletherapy platform. If you do not receive a call back within two (2) minutes, then contact your provider directly via the information they provided to you.

**Records:** The teletherapy sessions **may be recorded** in accordance with a prior agreement made in writing by mutual consent. A written record of your session will be maintained temporarily in an encrypted manner on a secured flashdrive. The information will be downloaded into the IPC's electronic medical record system on a once per week basis as long as this remains a safe option for the provider's personal health.

**Informed Consent:** This agreement is intended as a supplement to the general informed consent that was agreed upon at the outset of your clinical work at the IPC and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

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**Signature of Client**

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**Date**

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**Print Name of Client**

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**Signature of Provider**

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**Date**