

Be the Change Health and Wellness

Patient Information and Consent Form for Zoom Teletherapy

Introduction

Teletherapy is the delivery of psychological services, including diagnosis, consultation, treatment and education using interactive audio and/or electronic systems in which the clinician and the patient are not in the same physical location. All protections and limitations of HIPAA are the same for online therapy as they are in person, as outlined in the Privacy Policies you have already received. Teletherapy sessions with Be the Change Health and Wellness (BTC) are typically conducted using the videoconferencing platform Zoom, which is HIPAA compliant. You do not need your own Zoom account to meet with your clinician through Zoom. However, you will need access to a computer, tablet, or smart phone with a video camera and microphone and you will need to download the Zoom application to your device.

Potential benefits of teletherapy

- Increased accessibility to psychological care
- Patient convenience

Potential Risks with teletherapy

As with any healthcare service, there may be potential risks associated with the use of teletherapy. These risks include, but may not be limited to:

- Despite reasonable efforts, information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate psychological decision making by Be the Change Health and Wellness (BTC) clinicians.
- BTC clinicians may not be able to provide for or arrange for emergency care that I may require.
- Delays in psychological evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of my confidential psychological information.
- A lack of access to all the information that might be available in a face-to-face visit but not in a teletherapy session may result in errors in psychological judgment.

Alternatives to the use of teletherapy

- Traditional face-to-face sessions with a local provider.

My Rights

1. I understand that the laws that protect the privacy and confidentiality of psychological information, including HIPAA, also apply to teletherapy.
2. I understand that during a teletherapy session, both locations shall be considered a private psychotherapy room regardless of a room's intended use. I understand that my BTC clinician has chosen a room that accommodates both audio and visual privacy.
3. I understand that the video conferencing technology used by BTC clinicians is encrypted to prevent unauthorized access to my private psychological information.

4. I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment. I also understand that my BTC clinician has the right to withhold or withdraw consent for the use of teletherapy during the course of my care at any time.
5. I understand that the all rules and regulations which apply to the practice of psychotherapy in the state of Wisconsin also apply to teletherapy.
6. I understand that my BTC clinician will not record any of our teletherapy sessions without my prior written consent.
7. I understand that my BTC clinician will inform me if any other person can hear or see any part of our session before the session begins.
8. I understand that my BTC clinician will take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the room shall be identified to the client prior to the consultation and the patient's permission shall be obtained for any visitors or clinicians to be present during the session.

My Responsibilities

1. I understand that if using the Zoom platform for teletherapy, I will need to download the Zoom application and I will need a broadband internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services.
2. I will not record any teletherapy sessions without prior written consent from my BTC clinician.
3. I will strive to keep my device on a steady surface throughout sessions, avoiding holding the device in my hand. If I must hold the device in my hand, I agree to hold it as steady as possible.
4. I agree to minimize distractions to the extent possible, including preventing children, pets and others from distracting the teletherapy session. I agree to refrain from playing games, engaging in social media or working on other things during a teletherapy session.
5. I will take every precaution to ensure the privacy of the consult and my own confidentiality. I will choose a room that accommodates both audio and visual privacy. I will inform my BTC clinician if any other person can hear or see any part of our session before the session begins. If I am in a group therapy session, I will ensure complete confidentiality for other group members: no person that is not part of the group can hear or see the group. (Using ear buds or head phones as needed for confidentiality, having screen not in view of others)
6. I understand that third-parties may be required to join in the meeting with my provider and me to provide technical support. I understand that I may be asked to interact with the technical support person on camera in order to fix the problem. I understand that if I decline this request and my equipment is rendered unusable for video conferencing, I may forfeit my option to use teletherapy.
7. I understand that I, not my BTC clinician, am responsible for the configuration of equipment on my computer which is used for teletherapy. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I am responsible for the cost of equipment, internet applications and other costs associated with my end of the teletherapy conference. My therapist is responsible for the cost of their equipment, internet, application and other costs associated with being a teletherapy provider
8. I understand that I must be appropriately and fully dressed and sitting in an appropriate setting for our session.

9. I agree to not be driving a car or other vehicle while in session. If I am in my car, I will be parked in a quiet and private place to ensure confidentiality.
10. I understand that I am responsible for any cost not covered by my insurance such as copays and deductibles and that my Insurance may not cover teletherapy, therefore, making it my responsibility to pay for uncovered services.

Payment for Sessions

Clients paying out-of-pocket for therapy will pay the same fee as paid for in-person sessions. For clients using health insurance, BTC will seek authorization for insurance payment for teletherapy. Co-payments will still apply. If the insurance company will not authorize this service, we will make other arrangements.

Patient Consent To The Use of Teletherapy

I have read and understand the information provided above regarding teletherapy, have discussed it with my BTC clinician and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of teletherapy in my psychological care and authorize my BTC clinician to use teletherapy in the course of my diagnosis and treatment.

Signature of Patient: _____ Date: _____

Printed Name of Patient: _____