



Labyrinth Counseling & Consulting Center www.LabyrinthCounseling.com

INFORMED CONSENT FOR TELEHEALTH

This Informed Consent for Telehealth contains important information focused on engaging in psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telehealth

Telehealth refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care during national or local health emergencies (e.g. COVID19) or if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It can be also more convenient and take less time.

Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person psychotherapy and telehealth, as well as some risks. For example:

- **Risks to confidentiality.** Because telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- **Issues related to technology.** There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation (though Labyrinth Counseling & Consulting Center clinicians uses HIPAA compliant technology), or stored data could be accessed by unauthorized people or companies.
- **Crisis management and intervention.** Usually, I will not engage in telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telehealth work.
- **Efficacy.** Most research shows that telehealth is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of telehealth service to use. While you are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in



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telehealth, the telehealth video call system Labyrinth Counseling & Consulting Center is using has no cost to you.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telehealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth).

The extent of confidentiality and the exceptions to confidentiality that we outlined in our Client-Psychotherapist Services Agreement still apply in telehealth. (This document can be found on our website www.LabyrinthCounseling.com) Please let me 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 telehealth than in traditional in-person psychotherapy. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you name that person along with their contact information at the bottom of this forms, which will allow me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, **and you are having an emergency**, do not call me back; instead, call 911, and/or any other hotlines or local resources that we will identify in our emergency plan or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted **and you are not having an emergency**, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates apply for telehealth as they apply for in-person psychotherapy. To the best of our knowledge, insurance companies are covering telehealth services as they do an office visit during the COVID19 national emergency. However, the situation is fluid, and policies and



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TELEHEALTH CONSENT FOR MINOR CLIENTS (under the age of 18)

If Client is a Minor and Parents are Legally Married, please sign below:

I authorize Labyrinth Counseling Center to provide Telehealth Services to my child,
_____. I am the legal guardian of this child. I understand that by signing this I am acknowledging that my spouse is also in agreement and has knowledge of the services that will be provided.

Signature _____ Date _____

If Client is a Minor and Parent has Joint Custody, please sign below:

I authorize Labyrinth Counseling Center to provide Telehealth Services to my child,
_____. *Both parents' signatures are required before treatment can occur.*

Mother Signature _____ Date _____

Father Signature _____ Date _____

If Client is a Minor and Parent has Sole Custody, please sign below:

I authorize Labyrinth Counseling Center to provide Telehealth Services to my child,
_____. By signing this, I state that I am the legal guardian of said child with sole custody.

Signature _____ Date _____

Emergency Contact

Name of Emergency Contact Phone Date