# INFORMED CONSENT FOR TELEHEALTH DELIVERY

Campbell
PSYCHOLOGICAL SERVICES

This Informed Consent for Telehealth Delivery contains important information about participating in therapy or other mental health services using telehealth. For the purpose of this consent, telehealth is defined as services delivered over video or by phone, instead in person. Please read this carefully and let your therapist know if you have any questions.

**BENEFITS & RISKS OF TELEHEALTH**

One of the benefits of telehealth is that you can receive services without being in the same physical location as your therapist. This can help to ensure continuity of care if, for some reason, an appointment cannot or should not be held in person. Another benefit is increased convenience. Although there are benefits of telehealth, there are some differences from in-person services and some risks.

- There are risks to confidentiality, especially if steps are not taken to ensure privacy during the appointment. With any electronic communication, there is a risk that communication may be compromised, unsecured, or accessed by others.
- Issues related to technology can negatively impact telehealth, particularly if the therapist and client are not tech-savvy or if technology fails during the session.
- Most research shows that video-therapy is about as effective as in-person psychotherapy, but research on the effectiveness with certain issues and by telephone is still limited.
- Crisis management and intervention may be more difficult for therapists via telehealth.

**CLIENT LOCATION**

Our therapists are licensed to practice in Pennsylvania and that means they may only treat individuals who are physically located in Pennsylvania. If you will be out of the state, you are responsible for letting your therapist know, so that your session can be re-scheduled or alternative arrangements can be made.

**PRIVACY**

Your telehealth sessions should be as private as sessions held face-to-face in the office. If privacy cannot be reasonably assured, telehealth may not be appropriate.

We utilize a secure, HIPAA-compliant video platform for video sessions and your therapist will take steps to ensure privacy on his/her end.

To ensure your privacy, you should:

- Find a private place for the appointment where you will not be interrupted and others cannot overhear your conversation.
- Consider using earphones and blocking noise by playing music or white noise outside the room where you are having your session.
- Use a private, password-protected network when participating in telehealth sessions. Do not use a public or unsecured network.
- Turn off bluetooth during your session, to prevent interference from other devices.

Parents are responsible for ensuring their child has a confidential place to participate in telehealth sessions, without other people interrupting or overhearing the child's private conversation.

**SAFETY PLAN**

If, during the course of a telehealth session, it becomes clear you are in a crisis situation that requires a higher level of care and/or in-person intervention, it is important we have a plan for you to access that care.

Below are contact numbers for Crisis Intervention, by county:

- Cumberland/Perry: Call (717) 243-6005, or go to the Emergency Department at Carlisle Regional Medical Center or Holy Spirit Hospital
- Franklin: Contact Keystone Crisis Hotline at (866) 918-2555
- York/Adams: Call (866) 325-0339

If the session is interrupted (i.e., technology fails) and you are having an emergency, your therapist will immediately contact you by phone. If your therapist cannot reach you, he/she may contact your Emergency Contact. Also, if your therapist does not reach you, please call Crisis Intervention or 911 or go to the nearest emergency room. Contact your therapist after you have obtained emergency services.

**BACK-UP PLAN**

Technology sometimes fails, despite our best efforts to prevent this. If a video session is interrupted, briefly disconnect and then try to reconnect to the session. If this still does not work, your therapist will call you by phone to (1) trouble shoot the problem, (2) finish the session by phone, or (3) reschedule the session. Please have your phone with you during the session.

**RECORDS**

Telehealth sessions shall not be recorded in any way, by either party, unless agreed to in writing by mutual consent. Your therapist will maintain a record of the session in the same way he/she maintains records of in-person sessions.

**INFORMED CONSENT**

This agreement supplements our Service Agreement signed. It does not amend or replace any of the terms of that Agreement.

Client: _____ Date of Birth: _____

**Your signature below indicates agreement with the terms in the Consent for Telehealth and that you consent to receive services through either an on-line audio-visual platform or telephone.**

_____ _____

Signature of client, if 14 years or older Date

☐ Client is a minor under 14 years of age ☐ Client is unable to sign because_____

_____ _____

Signature of legal guardian or representative Date

_____ _____

Printed Name Relationship (if other than parent/legal guardian)