

## INFORMED CONSENT FOR TELEHEALTH:

This Informed Consent for Telehealth contains important information focusing on doing 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.

By signing this form, I understand and agree with the following:

### 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 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 is also more convenient and takes 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. In order to protect your privacy, I use a HIPPA compliant platform, Doximity. On your end 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. In those instances, you can try several things: ending the existing call and rejoining, we can end the session and I will send a new link or we can determine if another means of conversation; I.e. FaceTime would be better to finish the session. Just a reminder, FaceTime is not HIPPA compliant. But, we may decide that it is best to continue the session rather than deal with the technology challenges at that juncture. There are a few avoidable things that create disruption to the session. If you get a call or text during our session and you either decline or answer the call, we may temporarily lose sound. This can usually be remedied by ending the call and rejoining, utilizing the same link. If possible, it is best to put your phone on focus for our sessions which will minimize any potential disruptions. If this is not possible, then disregarding calls that you do not need to take should remedy the issue.

- *Efficacy.* Most research shows that Telehealth is about as effective as in-person psychotherapy.

### Electronic Communications:

The laws that protect the privacy and confidentiality of health and care information also apply to Telehealth/telemedicine. As noted above, I use Doximity, a HIPPA compliant platform for our sessions.

### **How our Telehealth session will work:**

At the time of each session, I will initiate our video call. You will receive a text message that says, “Telehealth alert and that I’m ready for your secure video call.” It will ask you to allow for use of your camera and microphone. Once you give your permission, it will take you to the waiting room where I will be waiting. If you do not receive the text with the link within five minutes of our allotted session time, please text me and let me know. While no system is perfect, this is the best I’ve found to date. If you would like to take the call on a computer or other device that does not have the ability to access your texts, you can forward the link from your text to your email. No special equipment or Apps are required for use of this program.

### **Crisis management and intervention:**

Assessing and evaluating threats and other emergencies can be more difficult when conducting Telehealth than in traditional in-person therapy. Usually, I will not engage in Telehealth with clients who are currently in a crisis situation requiring high levels of support and intervention. However, sometimes over the course of treatment, potential crisis situations may arise necessitating a plan to address this situation. To address some of these difficulties, I ask that you identify an emergency contact person who is near your location and whom I will contact in the event of a crisis or emergency to assist in addressing the situation. Initial here if approve. \_\_\_\_\_

This person will only be called in a crisis situation based upon my professional assessment and at no other time.

### **Emergency Contact:**

\_\_\_\_\_

(Name)	(Phone Number)	(Relationship)
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### **Contacting Me:**

I schedule all my own appointments and get all messages via email, text or voicemail. I check my voicemail and answer the phone as my appointment schedule will allow. I do not answer the phone when I am with a patient. I will make every effort to call you back within 24 hours. You may also contact me via my website [www.Debralevidowpsyd.com](http://www.Debralevidowpsyd.com) or email ([psydeb87@gmail.com](mailto:psydeb87@gmail.com)) or via text at 602-908-3414. You may find these to be an effective methods of communication, especially for quick appointment changes. I check my messages frequently. Please be aware that information sent by email and text is not secure and confidentiality cannot be guaranteed. Use these methods as a means to reach out for brief scheduling changes or questions about appointments. Please save more detailed therapeutic content for sessions. Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. You should be aware that I cannot guarantee the confidentiality of any information communicated by email. I will not discuss any clinical information by email or text and prefer that you do not either. I am not always readily available during or after hours, thus I cannot respond immediately, so these meth-

ods should not be used if there is an emergency. If an urgent issue arises, you should feel free to attempt to reach me. I will try to get back to you within 24 hours. If you are unable to reach me and feel that you cannot wait for me to return your call, or you are experiencing a life-threatening emergency, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

**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 a HIPPA compliant site that has updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is always 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). Please let me know if you have any questions about exceptions to confidentiality.

**Appropriateness of Telehealth:**

I will let you know if I decide that Telehealth is no longer the most appropriate form of treatment for you. We will discuss options of alternative treatments if that need arises.

**Emergencies and Technology:**

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, 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 re-contact you via Doximity or another means of communication. If you do not receive a call back within two (2) minutes, then call me on my phone at 602-908-3414. If there is a technological failure and we are unable to resume the connection, we will reschedule our appointment for another time that same week if possible.

**Fees/Insurance:**

I am a contracted provider for several insurance companies. It is your responsibility as a patient to verify your mental health coverage prior to our first visit. Specifically, you will want to know if your insurance covers mental health, then you will want to determine your copay or coinsurance amount prior to our first session. In addition, you will want to verify if you have a deductible and how much you've met towards your deductible. This is important to know as per your insurance you will be required to pay my contracted insurance rate in full until you've met your deductible. If you do not verify your benefits, and find out you do not have mental health coverage, you will be responsible for the solely responsible for the entire fee of the session if it is not covered by insurance. The same fee rates will apply for Telehealth as apply for in-person psychotherapy. Most insurance companies typically cover sessions that are conducted via telecommunication.

**Other Professional Fees:**

In addition to our weekly appointments, I charge \$50, in 15 minute increments, for other professional services you may need. Other services include: report/letter writing, lengthy emailing (more than 5 minutes weekly) and time spent performing any other clinical services we agree on that you request.

**Records:**

The Telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in- person sessions in accordance with my policies.

**Informed Consent:**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. I understand and agree that the health information I provide at the time of my telehealth/telemedicine service may be the only source of health information used by Dr. Levidow during the course of my evaluation to make treatment decisions. All my questions have been answered to my satisfaction. I hereby consent to the use of telehealth/telemedicine in the provision of care and the above terms and conditions. By signing below, I certify that I am the patient and am 18 years of age or older, or otherwise legally authorized to consent. I have carefully read and understand the above statements. I understand that this informed consent will become a part of my medical record. Your signature below indicates agreement with its terms and conditions.

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(Patient Signature)

Date