

Informed Consent for Teletherapy

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CONSENT FOR TELETHERAPY (aka TELEHEALTH) SESSIONS

1. I understand teletherapy phone or video conferencing is the medium for my therapy appointments.
2. I understand that video or phone sessions will not be the same as a direct visit due to the fact that I will not be in the same room as my therapist.
3. I understand that a teletherapy session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. teletherapy may be useful for those living in Texas but too far to travel to the therapist's office, for those traveling for work, those unable to obtain transportation to an in-person session, for those who wish to reduce the hassles associated with transportation to a physical office, or those in quarantine.
4. I understand there are potential risks inherent to video conferencing technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the teletherapy session if it is felt that the videoconferencing connections are not adequate for the situation.
5. **I understand that my therapist will not conduct a teletherapy session (or any part of a session) while I am driving.** This is for safety reasons and no exceptions will be made.
6. I understand that my therapist will not conduct a teletherapy session in a public space or while non-participating others are present within sight or earshot.
6. I understand that I am expected to situate myself in a private location and to have my technology prepared prior to the time of our appointment.
7. I agree that although I may be in my own home or in some other private location, I will come to therapy free from the influences of drugs or alcohol, and I will avoid participating in activities that distract from our session (such as using secondary devices, doing household chores, etc.) as much as is possible.
8. I understand that my therapist may decide to terminate video therapy services if she deems it inappropriate for me to continue therapy through video sessions, in which case my therapist will refer me to an appropriate provider for in-person care.

PRE-SESSION PREP INSTRUCTIONS

Please read the following to help you get your space and your tech set up before a Telehealth session. In order to have the best results, you should be in a quiet place with limited interruptions. Please consider the following to help you prepare.

Creating Confidential Space:

- Is the space private?
- Can you lock the door? If not, will others who have access to the space respect your request for privacy and not enter the room?
- Can you have a conversation ahead of time with others who may have access to the space (house, building) where you will be desiring privacy during your therapy session? Will the other people who can access this space be receptive to your request for privacy during your session time?
- Can others outside the room hear you talking? If so, how can you create “white noise” (such as with a fan or other form of background noise)? (Preferably, your “white noise” device should be placed outside the doorway of the room you’re in.)
- Consider using headphones or earbuds so that your provider’s voice is kept private and is only hearable by you. (This can also help prevent echoing/interference problems with the audio for your therapist.)
- If you have difficulty finding confidential space, other clients have alternatively used a laundry room, walk-in-closet, basement, or attic. These options may not be ideal but should be considered secondary choices if an ideal setup is not available. Whatever space you choose, please make sure that the space is comfortable to you, as your comfort during sessions is important. A last resort option might be your parked car in a **safe**, private spot. I want to emphasize that private does not necessarily mean secluded. Please do make sure you are in a safe location.

Technical Setup:

- A laptop or desktop computer are ideal. If you’re using a tablet or phone, please prop up the device so that it is stable, preferably with the camera about level with your eyes.
- Please try to make sure that your space is well-lit. Please position the main light sources in front of you or beside you, and do not have a bright light source directly behind you.
- Please ensure you have a secure and strong internet connection. You might try closing other programs you don’t need that use your internet connection in efforts to optimize the teletherapy video connection.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. Clients access their appointment by receiving a link to the platform through their secured email. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Although my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice, or care.
4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up to date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the teletherapy procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.