



## CONSENT FOR TELETHERAPY

This form serves as an addendum to the consent form when teletherapy services are requested as an alternative to in-person visits at the Psychological Services Center at the University of Mississippi. All rights, responsibilities, and privileges discussed in the original consent are retained for services conducted using teletherapy.

In order to meet the needs of our clients, we are able to regularly schedule teletherapy sessions using secure, HIPAA-compliant, videoconferencing platform (i.e., Zoom). Teletherapy is offered as a courtesy to our clients in order to improve their access to services in situations where they might not otherwise be able to physically attend a session at the PSC.

### WHAT IS TELETHERAPY?

Teletherapy is the delivery of services through the use of interactive audio and video communication with a provider who is at a different physical location. Teletherapy may include psychological health care delivery, diagnosis, consultation, and psychotherapeutic treatment that may be deemed necessary in my clinician's professional judgment. The PSC uses the Zoom platform to provide teletherapy services, which provides end-to-end encryption and does not record any identifying information. You will receive a link to join the Zoom session with your clinician via email from the clinic manager. When you join for the first session, you will need to show a photo ID to your clinician to verify your identity. For all teletherapy sessions, you will need to provide your clinician: your physical location, the contact information for the closest emergency room, and the contact information for a local person in case of an emergency. You must physically be in the state of Mississippi at the time of the session; otherwise, you will need to reschedule your appointment.

### BENEFITS AND RISKS FOR TELETHERAPY:

Potential benefits of teletherapy include increasing access to individuals who may not otherwise be able to physically attend sessions at the PSC and minimizing disruptions in treatment due to unforeseen circumstances. Risks of telepsychology include: the transmission of medical information being disrupted or distorted by technical failures; the transmission of medical information being interrupted or intercepted by unauthorized persons; and/or the electronic storage of my medical information being accessed by unauthorized persons. Additionally, teletherapy services may not be as complete as face-to-face services. Therefore, teletherapy may not be appropriate for all clients. In these cases, your clinician will discuss options for transitioning to in-person services or give you a referral to a local provider.

### SECURITY CONSIDERATIONS:

In order for the PSC to provide you with teletherapy services, you agree to the following:

- Use the Zoom platform in a safe, private, and quiet environment
- Use a password-protected cell phone, tablet, laptop, or PC with video capability
- Use a secure internet connection rather than public/free Wi-Fi
- Use headphones for additional security
- Not record the session without your clinician's permission
- Join your session a few minutes before the scheduled meeting time to minimize delays. If you need to cancel or change your telepsychology appointment, you must notify your clinician in advance by phone or email.
- Confirm your cell phone number with your therapist in the event of any technical problems, or to restart or reschedule your session
- Provide your clinician the contact information for the closest emergency room and the contact information for a local person in case of emergency at the beginning of every session.

**FEES:**

Teletherapy sessions are charged at the same rate as face-to-face sessions. These sessions may not be reimbursable if you request an invoice and submit the invoice to your insurance company. Clients with specific financial difficulties are encouraged to discuss the matter with their clinician or the clinic manager. Clients are expected to pay for each therapy session at the time of the appointment unless other arrangements have been made with the clinic manager. All teletherapy sessions are paid online through the University of Mississippi Marketplace. Each session, clients are emailed the Zoom link and the link for payment ([https://secure.touchnet.net/C21670\\_ustores/web/store\\_main.jsp?STOREID=30](https://secure.touchnet.net/C21670_ustores/web/store_main.jsp?STOREID=30)). Clients add their product corresponding to the determined fee to the cart and check out.

**I understand that I have the following rights with respect to teletherapy:**

- I have the option to refuse the delivery of mental health services by videoconferencing (i.e., teletherapy) at any time without affecting my right to future care or treatment, and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
- I understand that there are certain limitations to teletherapy, and that my clinician will determine whether or not the condition being diagnosed and/or treated is appropriate for a telehealth encounter.
- I understand that if my clinician determines that teletherapy is not appropriate, I will be provided a resource guide for local mental health providers.
- I will be informed of any other people (e.g., supervisor) who are present during the teletherapy session, and I will inform my clinician of any other people who are present with me.
- All confidentiality protections required by law or regulation will apply to my care.
- I will have access to all medical information resulting from teletherapy as provided by law, and that my express permission is required before my medical information may be shared with a third-party, unless otherwise allowed by law.
- I have the right to refuse or stop participation in teletherapy at any time, and I may request alternate services such as a resource guide for local mental health providers or crisis hotline numbers. However, I understand that equivalent in-person services might not be available at the same location or time as teletherapy, and I may have to travel to see a mental health care provider in-person.
- If an emergency occurs during teletherapy, I should call 911 and stay on the video connection (if applicable) until help arrives.
- I understand that there are potential risks and benefits associated with any form of therapy (including teletherapy), and that despite my efforts and the efforts of my clinician my condition may not improve, and in some cases may even get worse.

**LIMITS ON CONFIDENTIALITY:**

The laws that protect the confidentiality of your medical information also apply to teletherapy. As such, the information you disclose to your clinician is generally confidential. In most situations, the PSC cannot release information about your treatment to others unless you sign a specific written authorization or consent. However, there are certain situations in which the PSC is mandated or permitted to disclose confidential information without your consent or authorization. These situations are outlined in the included Notice of Privacy Practices and include: 1) abuse, abandonment, or neglect of a child; 2) abuse, neglect, or exploitation of a vulnerable adult; 3) reported harm of self or another identified person; and 4) if a court order is issued to obtain records. If such a situation arises, your clinician will try to contact you before taking any action and will limit disclosure only to the information minimally necessary in the situation.

**IN CASE OF EMERGENCY:**

The PSC does not have 24-hour emergency coverage. In the event of an emergency, you may contact any of the following resources if you need urgent care:

1. Call 911, the National Suicide Prevention Lifeline (800) 273-8255, or the Emergency Department of the hospital nearest to you.

**CONSENT TO TELETHERAPY**

I have read and understand the information provided above regarding teletherapy. I understand that I will have an opportunity to discuss the terms of this consent with my clinician at the start of my teletherapy session. I acknowledge and agree to present any and all of my questions to my clinician and to not proceed with my teletherapy session until all of my questions have been answered to my satisfaction. I understand that by continuing my participation in teletherapy I am asserting my understanding and agreement to the information provided in this consent form.

**My signature on this document is my consent for teletherapy. I have read and understand the information provided above. I have discussed it with my clinician, and all of my questions have been answered to my satisfaction. I understand that I have the right to ask questions of my clinician about the above information at any time.**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The client is a minor and I, as their parent or guardian, give my consent for teletherapy. I have read and understand the information provided above. I have discussed it with my child’s clinician, and all of my questions have been answered to my satisfaction. I understand that I have the right to ask questions of my child’s clinician about the above information at any time.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**I the undersigned, am an authorized representative of the Psychological Services Center and have witnessed the above signatures on the date they provided.**

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_