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INFORMED CONSENT FOR TELETHERAPY SERVICES

This list attempts to address the potential risks and benefits associated with teletherapy services. It is essential that we enter into this new format collaboratively, understanding, to the best of our ability, the differences that exist.

- We understand that in-person therapy is sometimes preferred to teletherapy. And, at times, circumstances may require a preference for video sessions.
- We agree to use a HIPAA-compliant video-conferencing platform. My psychologist will provide access instructions. There is no charge to client to use this service.
- Confidentiality applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- Absolute confidentiality cannot be assured in the same way as in-person sessions as either the client or the therapist may have unexpected interferences or be overheard by others nearby.
- Limits to confidentiality apply in the same way it does for in-person sessions. If therapist is concerned for my safety, action can be taken to help keep me safe which could include a breach of confidentiality.
- A computer with webcam or a smartphone is needed to access the session.
- It is preferred that headphones are used to promote greater confidentiality.
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-session, you must notify the psychologist in advance by phone or email.
- Therapist will contact you via the mobile number on file to troubleshoot technical problems.
- If you are under 18, permission for teletherapy sessions will need to be granted by a parent or legal guardian.
- Most insurance plans have lifted restrictions on covering telehealth. Speak with your insurance company for specific information about your plan's coverage for video sessions. As always, clients are responsible for payment.

Psychologist's Signature: _____ Patient Name: _____
Signature of Patient/Patient's Legal Representative: _____
Date: _____