

# Information and Consent Form for Teletherapy

## Introduction

Teletherapy is the delivery of therapy services using interactive audio and visual electronic and/or digital systems where the clinician and the patient are not in the same physical location. The interactive electronic and/or digital systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of patient information as well as audio and visual data.

## Potential benefits of teletherapy

- Increased accessibility to therapy
- Patient convenience

## Potential Risks with teletherapy

As with any healthcare service, there may be potential risks associated with the use of teletherapy.

These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate therapeutic decision making by Jennifer Magbanua, LMFT.
- Jennifer Magbanua, LMFT may not be able to provide therapeutic treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
- Delays in therapeutic evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of my confidential therapeutic information.
- A lack of access to all the information that might be available in a face to face visit but not in a teletherapy session may result in errors in therapeutic judgment.

## Alternatives to the use of teletherapy

- Traditional face to face sessions.

## Confidentiality Standards required for teletherapy

- During a teletherapy health session, both locations shall be considered a patient examination room regardless of a room's intended use.
- Both sites shall be appropriately chosen to provide audio and visual privacy.
- Rooms shall be designated private for the duration of the session with the Provider and no unauthorized access shall be permitted.
- Both sites shall take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites shall be identified to all participants prior to the consultation and the patient's permission shall be obtained for any visitors or clinicians to be present during the session.
- HIPAA confidentiality requirements apply the same for teletherapy as for face-to-face consultations.

### **My Rights as a patient**

1. I understand that the laws that protect the privacy and confidentiality of therapeutic information also apply to teletherapy.
2. I understand that the video conferencing technology used by Jennifer Magbanua, LMFT is encrypted to prevent unauthorized access to my private mental health information.
3. I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
4. I understand that Jennifer Magbanua, LMFT has the right to withhold or withdraw her consent for the use of teletherapy during the course of my care at any time.
5. I understand that the all rules and regulations which apply to the practice of therapy in the state of Florida also apply to teletherapy.
6. I understand that Jennifer Magbanua, LMFT will not record any of our teletherapy sessions without my prior written consent.

### **My Responsibilities as a patient or guardian of a patient**

1. I will not record any teletherapy sessions without prior written consent from Jennifer Magbanua, LMFT
2. I will inform Jennifer Magbanua, LMFT if any other person can hear or see any part of our session before the session begins. Jennifer Magbanua, LMFT will inform me if any other person can hear or see any part of our session before the session begins.
3. I understand that third-parties may be required to join in the meeting with my provider and me to provide technical support. I understand that I may be asked to interact with the technical support person on camera in order to fix the problem. I understand that if I decline this request and my equipment is rendered unusable for video conferencing, I may forfeit my option to use teletherapy.
4. I understand that I, not Jennifer Magbanua, LMFT, am responsible for the configuration of equipment on my computer which is used for teletherapy. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I may need to contact a designated third party for technical support to determine my computer's readiness for teletherapy prior to beginning teletherapy sessions with my provider.
5. I understand that I must be a resident of the state of Florida to be eligible for teletherapy services from Jennifer Magbanua, LMFT.

### **Patient Consent To The Use of Teletherapy**

I have read and understand the information provided above regarding teletherapy, and if necessary have discussed it with Jennifer Magbanua, LMFT and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of teletherapy in my or on behalf of the patient for therapeutic care and authorize Jennifer Magbanua, LMFT, to use teletherapy in the course of my or on behalf of the patient for treatment.

Name of Patient: \_\_\_\_\_

Name of Guardian/ Parent (if applicable): \_\_\_\_\_

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