

## **Teletherapy - Informed Consent**

### **Definition**

In the state of Utah, "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.

In this document, I will use the term "Teletherapy" to include consultation, treatment, transfer of medical data, emails, telephone conversations, and education using interactive audio, video, or data communications. Teletherapy also involves the communication of medical/mental health information, both orally and/or visually.

### **Utah Law: Telehealth**

Prior to each encounter, I am required to: verify your identity and physical location, and obtain informed consent to use telehealth services. I am also required to be familiar with available medical resources, including emergency resources near your physical location and to make appropriate referrals when indicated. Therefore, I will ask about your physical location and safety plan at the beginning of each teletherapy session.

### **Risks & Benefits**

One of the benefits of video therapy sessions is that you can continue services when restricted to your home. Although teletherapy has the same purpose or intent as face-to-face therapy, due to the nature of the technology used, teletherapy may be experienced somewhat differently than face-to-face therapy sessions. It is possible that despite my best efforts, your condition may not improve and in some cases may even get worse.

Another risk is that despite my best efforts to ensure that our video conferencing and health record services meet industry security and privacy standards, the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

Teletherapy services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are better served by face-to-face therapy sessions. Should teletherapy services not be a good fit for you, I will assist you in finding alternative options.

An additional consideration with teletherapy is that, depending on where you are, your sessions may be less private than in-person sessions. There is a risk of being overheard by anyone near you if you are not in a private room while participating in teletherapy. You can mitigate this risk by addressing each of the client responsibilities listed in this document.

### **Confidentiality**

Information disclosed during the course of therapy is generally confidential. However, we will have the same limits to confidentiality that we have when we meet face-to-face; these limits were discussed and are outlined in the Informed Consent documents you signed at the beginning of treatment. For example, if I believe you are a danger to yourself or others, I may be legally required to get others involved.

In addition, there are risks to confidentiality of information because of the use of distance technology.

- Electronic communications (i.e., phone text and email correspondence) carry particular risk as they can leave a written record of detailed information that is more easily retrieved, printed, and shared with others by any person who has or gains access to either computer device used in these two-way communications.
- To protect your confidential information, I will use Doxy.me, an encrypted software that complies with HIPAA standards for security and privacy.

## **SUPERVISION AND TRAINING**

The therapists at the UVU Community Family Mental Health Clinic are graduate students who are in training and are not yet independently licensed. They provide services under the supervision of licensed mental health professionals. Services offered by the clinic may include observation by therapists-in-training, video-recording, and diagnostic evaluation, if deemed appropriate.

Recording of sessions is standard practice for therapists-in-training. Our treatment will be discussed with a supervisor and often with other graduate trainees. The purpose of recording and supervision is to assist therapists in providing the best possible service to you as the client. The recordings may also be used for educational and research purposes, however your identity will remain confidential. Video is recorded digitally and stored securely. Sessions are deleted as soon as possible (typically at the end of the current semester or shortly after treatment is terminated).

I will need the permission of everyone participating in a session before I record. For my own personal safety, I also expect you to ask permission before recording any part of a session. If my clinical supervisor and I decide that telehealth sessions are no longer appropriate for you, we will help you find other resources.

## **Client Responsibilities**

- It is your responsibility to call 911 or proceed to the nearest hospital if you are experiencing an emergency situation. Teletherapy does not provide emergency services.
- It is your responsibility to provide the computer and/or necessary telecommunication equipment and internet access for your teletherapy sessions.
- It is also your responsibility to secure or encrypt your protected health information, which is transmitted or stored on your device.
- It is your responsibility to arrange a location with sufficient lighting and privacy that is free of distractions (including cell phones or other devices) or intrusions during the session. Treat this time as if you were in a session at the agency and make arrangements so that you are free from distractions as much as possible during this time.
  - Use earbuds or headphones so that others cannot overhear me. Make sure you have a microphone on your earbuds or camera, and that it is turned on so that I can hear you.
  - Set up your video so that we can see each other eye-to-eye. Look into the camera when you talk. Use the biggest screen you have and expand the view so we can see each other full screen.
- It is important to be on time for our sessions. If you need to cancel or change your appointment time, please let me know in advance by phone or email.
  - Just like for in-person sessions, we require a minimum of 24 hours' notice to cancel or reschedule a session to avoid fees.

The Utah Valley University Community Family Mental Health Clinic  
602 College Drive, Orem, Utah, 84058  
(801) 863-4780

- You have the right to withdraw or withhold consent from teletherapy services at any time. You also have the right to terminate treatment at any time.
- You have the right to request a transfer to another provider of your medical record documental telehealth services.
- You have the right to obtain upon request an electronic or hard copy of your medical record documenting telehealth services, including the informed consent provided.

### **Therapist Responsibilities**

- At the start of each session, I will need to verify your geographic location and a safety plan that includes at least one emergency contact and the address of the closest ER to your location.
- In accordance with state law, I am required to maintain your clinical records during the time that we are using teletherapy.
- I will do my best to ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons while the record is being maintained or when I dispose of electronic equipment and data
- I will arrange a location that is free of distractions with sufficient lighting and privacy. I will maintain the same level of professionalism that I demonstrated during our face-to-face sessions.

### **Additional Teletherapy-related Policies & Procedures**

- If we experience a sudden and unpredictable disruption of teletherapy services, I will call your phone number so that we can finish our session or make a plan to reconnect at another time.
- I will respond to routine electronic messages within two business days. I do not check messages on the weekends.

### **Scheduling & Fees**

Therapy sessions are typically scheduled once per week for 50 minutes. Typical therapy fees have been waived during COVID-19. However, while receiving therapy services with the UVU Community Family Mental Health Clinic it is recommended that any decision to discontinue therapy be discussed with your therapist during a regular therapy session. If you choose to discontinue therapy against professional recommendation, a notation to that effect will be placed in your records.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during the course of the therapeutic or assessment relationship.

- I have read and understood all of the information in this document.
- I understand there are risks associated with videoconferencing technology. I understand that one of the risks is that information may be lost due to technical failures, and I agree to hold the provider harmless for such loss.
- I agree to these terms and consent to telehealth sessions for my (or my child's) therapy.
- I understand that I can withdraw my consent for telehealth services at any time by notifying my therapist verbally or in writing.

Please check the box that applies to you:

I am choosing to e-mail this signed document knowing that the UVU Community Family Mental Health Clinic cannot guarantee the security and confidentiality of e-mail communication.

Clinic E-mail Address- [UVUCommFamilyMHC@uvu.edu](mailto:UVUCommFamilyMHC@uvu.edu)

I am choosing to drop off this document in person during the regular business hours of the UVU Community Family Mental Health Clinic.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date