

SOUND INSIGHT COUNSELING

**Cindi S. Whalen, M.S., LMFT
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425.422.7843**

INFORMED CONSENT FOR TELETHERAPY SERVICES *(please complete and sign as indicated)*

This Informed Consent contains important information regarding teletherapy services using the phone or Internet. Please read it carefully, and let me know if you have questions. Your signature represents an agreement between us.

The Risks and Benefits of Teletherapy

Teletherapy refers to providing psychotherapy services remotely using video conferencing or telephone. One of the benefits of this form of therapy is that both the client and clinician can hold sessions without being in the same location. This ensures access to and continuation of care. However, teletherapy requires technical competence of both client and clinician to be useful. Although there are benefits to this technology, there are some differences between in-person psychotherapy and teletherapy, as well as some risks. For example:

Risks to Privacy: Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place. I will take reasonable steps to ensure your privacy. It is important that you protect the privacy of our session on your cell phone or other device by making sure you are in a quiet, private place with a secure internet connection. It is also important that you are in a space free of distractions where you will not be overheard or interrupted.

Issues Related to Technology: There are many ways that technology issues might impact teletherapy. For example, technology may be temporarily interrupted or stop working during a session, other people might be able to access our private conversation. Poor sound or video quality could contribute to less effective communication.

Crisis Management and Intervention: Under normal conditions outside of a pandemic, I do not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in teletherapy we will develop an emergency response plan to address potential crisis situations that may arise during the course of our work.

Effectiveness

Most research shows that teletherapy is about as effective as in-person psychotherapy. However, some therapists feel that something is lost by not being in the same room. (For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.) That being said, teletherapy can be especially useful during a regional or national crisis. Treatment will be most effective when sessions occur at your regularly scheduled times and are treated in the same manner as in-person sessions: beginning and ending on time, paying for our time together after each session, debriefing about whether our work was useful, and continuing to work on the goals you originally stated. If you would like, I will keep a secure record of your credit card information to process after sessions.

Confidentiality

Together, we will decide which telehealth platform to use. We will try to use HIPAA-compliant software if available/reliable and will adhere to Department of Health standards regarding this. You are solely responsible for any cost to you to obtain necessary equipment, accessories, or software to take part in teletherapy.

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of teletherapy and electronic service provision. However, the nature of electronic communication is such that I cannot guarantee our sessions will be kept confidential or that other people may not gain access to our communications. This applies to phone technology as well. You should also take reasonable steps to ensure the security of our sessions (for example, only using secure networks for sessions and having passwords or specific boundaries on your computer or phone to protect that device). Maintaining confidentiality also means that you will not record sessions in any way unless we agree to that in writing.

Any family member or other individual that you would like to have present during the teletherapy session must also sign this document and must either announce themselves or be in view of the camera so that I am aware of who is present.

Email Communication

I do not use email as a method of therapeutic communication because its contents cannot be guaranteed to be secure or confidential. All emails are retained in the logs of your and my Internet service providers. However, I will be emailing you the Internet link for our scheduled appointment time and may need you to send your intake paperwork via email if necessary to begin treatment quickly. If there is an extenuating circumstance that requires a change to this agreement, or if you feel a need to discuss a clinical issue, please email me directly to schedule an appointment or call me at 425-422-7843. I do not accept or return text communications.

Please note that I only check email on an intermittent basis during business hours Monday through Thursday, so there can be delays in my response time. I may also choose to respond via phone or wait until our next session if I believe that is most appropriate. I do not respond to emails or phone calls during my days off unless there is a crisis.

Appropriateness of Teletherapy

As your therapist, I may determine that due to certain circumstances, teletherapy communication is no longer the most appropriate form of treatment for you. We can discuss options for engaging in "in-person" counseling or a referral to another professional in your location who can provide appropriate services. You may decline teletherapy services and opt to see a different clinician at any time.

Emergencies and Technology

I do not carry a 24-hour pager. If an urgent issue arises, feel free to attempt to reach me by phone or email. If you are unable to reach me and or our session is interrupted and you need immediate assistance, please call 911 or the Snohomish County Crisis line at (800) 584-3578 or go to your nearest Emergency Room.

Assessing and evaluating threats and other emergencies during a telehealth session can be more difficult than in traditional in-person therapy. To address some of these difficulties, we can create an emergency plan before engaging in services. I may ask you to identify an emergency contact person near you who I can contact in the event of a crisis to help address the situation; otherwise I will use the information you provided in your intake paperwork.

If our session is interrupted, I will try to call you on your phone. If I do not immediately reach you and you need immediate assistance, call 911, the Snohomish County Crisis line at (800) 584-3578 or go to your nearest Emergency Room. Please call me back, though, after you have obtained help so I know you are safe.

Fees

The same fees apply for teletherapy as for in-person psychotherapy. Please check with your insurance carrier to determine if telehealth sessions with an out-of-network provider are covered and at what rate.

Records

In accordance with my standard policies, I maintain records of our teletherapy sessions as I would records of "in-person" sessions.

Informed Consent

The laws and professional standards that apply to in-person psychological services also apply to teletherapy services. This agreement is intended as a supplement to the Consent for Treatment that we agreed to at the outset of our clinical work together and does not amend or replace other agreements, contracts, or documentation.

I understand that if I choose to use FaceTime, phone, Zoom, or other telehealth platforms for my teletherapy session(s), I am consenting to a possible compromise of my privacy and confidentiality because it is not always possible to know which are fully secure. I consent to the risk because I believe the benefits outweigh that risk.

In case of videoconferencing failure, I know that Cindi Whalen will contact me by my phone number listed here: _____

The location I will be using for our teletherapy sessions at this time will be:

This is the name, address and phone number of my nearest Emergency Room:

The following person is someone accessible to me in case of emergency:

Their phone number is: _____

I give my permission for Cindi Whalen to contact this person if needed during/after our telehealth session in order to keep myself safe. ____Yes ____ No (Please initial.)

Your signature(s) below indicates that you have read this form, you understand its contents (including the risks and benefits), you have been given the opportunity to ask questions, and your questions have been answered to the best of your satisfaction.

Client signature

Date

Client signature

Date

Client signature

Date

Clinician signature

Date

Thank you!
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