

Sarana Counseling PLLC

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Teletherapy Informed Consent

I, _____ (print name of client) hereby consent to participate in teletherapy with Susan Busteed, LMHC, CN at Sarana Counseling as part of my psychotherapy. I understand that teletherapy is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to teletherapy:

- 1) For clients counseled virtually via the HIPAA-compliant Doxy.me platform, precautions are taken to maintain confidentiality just as with in-person sessions. There is always risk when exchanging information virtually. It is impossible to 100% guarantee confidentiality with virtual sessions as it is with in-person sessions.
- 2) Doxy.me has their own privacy and information storing policies, procedures, and limitations for which my therapist is not responsible. I will not hold my therapist liable for confidentiality breaches that may happen due to this form of communication.
- 3) I have the right to withdraw consent for teletherapy at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 4) There are risks and consequences associated with teletherapy, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 5) There will be no recording of any of the remote sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 6) The privacy laws that protect the confidentiality of my protected health information (PHI) also apply to tele-mental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others).

- 7) If I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that teletherapy services are not appropriate and a higher level of care is required.
- 8) I am responsible for: a) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, b) ensuring security on my computer, and c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
- 9) During teletherapy sessions, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at 206-351-4717 to problem solve.
- 10) My therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Contact

Should you experience a life-threatening emergency during a remote session, please provide the name of an individual I can contact on your behalf. This person will only be contacted to mobilize help for you in the event of an emergency.

In case of an emergency, my location is: _____

My emergency contact person's name is: _____

Phone: _____ Email: _____

Address: _____

I have read the information provided above and discussed it with my therapist as needed. My signature below indicates that I understand that all information in the Disclosure Statement I received and signed when I first began therapy is still valid regarding my rights and this office's policy practices. This statement is available at: <http://www.saranacounseling.com/policies.html>.

Signature of client Date

Signature of therapist Date