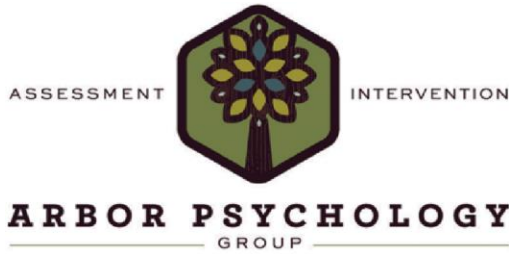


## Teletherapy/Telepsychology Informed Consent Form

I, \_\_\_\_\_, hereby consent to engage in teletherapy with \_\_\_\_\_.

I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or other data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually. I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the “Notice of Privacy Practices to Protect the Privacy of your Health Information” form I was offered with my intake paperwork.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the staff at Arbor Psychology Group (APG), that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy-based services and care may not be as complete as face-to-face services. In addition, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my APG clinician, my condition may not improve, and in some cases may even get worse.
5. I understand that I, or my child, may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. I accept that teletherapy does not provide me with emergency services. I understand that if I am experiencing an emergency situation, I should call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I understand that I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.
7. I understand that I should use a password-protected, secure internet connection, not public or unsecured WiFi.



**MICHAEL BAMBERY, Ph.D.**  
Licensed Clinical Psychologist  
Director

8. I understand that I am responsible for (1) providing the necessary phone, computer, telecommunications equipment and/or internet access for my teletherapy sessions, (2) the information security on my device, and (3) arranging a location with sufficient privacy that is free from distractions or intrusions for my teletherapy session.
9. I understand that it is still important to be on time. If you need to cancel or change your tele-appointment, you must notify your APG clinician in advance by phone or email or you may be susceptible to a late-cancellation fee (as outlined in your informed consent).
10. I understand that while email may be used to communicate with my APG clinician, confidentiality of emails cannot be guaranteed.
11. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.
12. Arbor Psychology Group will bill your typical session rate. BCBS and BCN have stated that teletherapy sessions are permitted as allowable services under most plans; however, you should check into the details of your individual plan. As always, you will be responsible for any uncovered costs, co-pays, deductible amounts, or other associated fees for this service.

I have read, understand and agree to the information provided above.

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Client (or Guardian's) Signature

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Date

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Printed Name