Comprehensive Outpatient Program for Eating Disorders at AC4W

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Tele-therapy Informed Consent

I, (client/guardian)_____

hereby consent to engage in tele-therapy (e.g., internet or telephone based therapy) with the following associate/s of AC4W:

_____

The main venue for my psychotherapy treatment when in person will at the AC4W office, at the address listed above. I understand that tele-therapy includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that tele-therapy also involves the communication of my medical/mental health information, both orally and visually, to other health care practitioners.

I understand that I have the following rights with respect to tele-therapy:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. I do understand that not signing or rescinding this request means I cannot participate in tele-therapy.

(2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim (self or other); and where I make my mental or emotional state an issue in a legal proceeding. More information is in the informed consent and HIPAA Notice of Privacy Practices forms, provided to me at start of treatment, which provide details of confidentiality and other issues.

(3) I understand that there are risks and consequences from tele-therapy. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my clinician, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner.

In addition, I understand that tele-therapy based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my clinician believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a clinician in my area who can provide such service. Finally, 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 clinician, my condition may not improve and in some cases may even get worse.

(4) I understand that I may benefit from tele-therapy, but results cannot be guaranteed or assured. The benefits of tele-therapy may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

(5) I understand that these services may not be covered by insurance and that if there is intentional misrepresentation, treatment will be terminated.

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my clinician, and all of my questions have been answered to my satisfaction. I also understand that although I may not need to engage in tele-therapy at this time, signing this consent means that should I need to at any time in the future, I can.

Signature of client or legal guardian:_____ Date:_____/_____/_____

Printed name: _____