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## **CONSENT FOR TELETHERAPY**

### Introduction of Teletherapy:

- As a client or patient receiving behavioral services through teletherapy technologies, I understand:
- teletherapy is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.
- The interactive technologies used in teletherapy incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

### Software Security Protocols:

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.*

### Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

### Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

### Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

- During my teletherapy session, details of my medical history and personal health information may be discussed with myself or other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.

Local Practitioners:

- If a need for direct, in-person services arises, contact me directly for assistance.

Self-Termination:

- I may decline any teletherapy services with 2 business days notice without jeopardizing my access to future care, services, and benefits.

Risks of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Modification Plan:

- My practitioner and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today, and modify our plan as needed.

Emergency Protocol:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
- In emergency situations
  - 911

Disruption of Service:

- Should service be disrupted
  - \_\_\_\_\_ discuss in session \_\_\_\_\_
- For other communication
  - \_\_\_\_\_ discuss in session \_\_\_\_\_ Practitioner

Communication:

- My practitioner may utilize alternative means of communication in the following circumstances:  
Unable to contact you by phone, email, text\_\_
- My practitioner will respond to communications and routine messages within \_\_1 business day\_\_

Client Communication:

- It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
- I will take the following precautions to ensure that my communications are directed only to my psychologist or other designated individuals:  
Obtain Authorization to release information\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Storage:**

- My communication exchanged with my practitioner will be stored in the following manner:

Encrypted digital files\_\_\_\_\_

**Laws & Standards:**

- The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

**Confirmation of Agreement:**

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

\_\_\_\_\_  
Signature of Client or Legal Guardian                      Date

H. Mari Grande \_\_\_\_\_ Printed Name of Practitioner

\_\_\_\_\_ Signature of