

## **TELETHERAPY INFORMED CONSENT**

The purpose of this consent is to give permission to engage in an adjunct form of treatment. Bloom Counseling LLC utilizes the TherapyNotes program, which incorporates network and software security protocols to protect the confidentiality of patient identification and imaging data and includes measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. TherapyNotes is HIPPA compliant.

I hereby consent to engage in teletherapy with Bloom Counseling LLC. Teletherapy is a form of psychological service provide via secure internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted face-to-face at the office of Bloom Counseling LLC. However, due to the nature of technology used, I understand that teletherapy may be experienced somewhat differently from face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

### **Client's Rights, Risks, and Responsibilities**

1. I, the client, need to be a resident of Indiana. (This is a legal requirement for counselors practicing in the state under a/an LCSW license). If I will not be residing in this state during teletherapy treatment, I will need to inform Bloom Counseling LLC of this change.
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. 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 my therapy or consultation is confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general consent for treatment form I received at the start of psychotherapy treatment with Bloom Counseling LLC.
4. I understand that there are risks and consequences from teletherapy, including but not limited to the possibility, despite best efforts to ensure secure technology on the part of Bloom Counseling LLC, 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 electronic storage of my medical information could be accessed by unauthorized persons.
5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
6. In addition, I understand that teletherapy-based services and care may not be as complete as face-to-face services. I also understand that if Bloom Counseling LLC believes I would be better served by another form of therapeutic services (e.g., face-to-face services), I will be referred to a professional who can provide such services in my area if there are therapists who continue to provide face-to-face services at this time.

7. I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured. 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 counselor, my condition may not improve, and in some cases, it may even get worse.
8. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that I can 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 can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free, twenty-four-hour hotline support or the 988 mental health hotlines. Clients who are actively at risk for harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in the future, Bloom Counseling LLC will recommend more appropriate services.
9. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions; (2) the information security on my computer; and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the treatment provider to do the same on their end.
10. I understand that dissemination of any personally identifiable information or images from the telemedicine interaction to researchers or other entities shall not occur with my written consent.
11. I understand that I have a right to access my medical information and copies of medical records in accordance with Indiana law.

**I have read, understand and agreed to the information above:**

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Therapist's signature \_\_\_\_\_

Date \_\_\_\_\_