



The
Integral
Psychology
Center, Inc.

1619 Monroe Street, Madison, WI 53711-2063
(608) 255-9330; Fax (608) 255-7810

INFORMED CONSENT FOR IN-PERSON PSYCHOTHERAPY AND TELETHERAPY SERVICES
(as required by DHS 35.18)

I (the client and /or person acting on behalf of the client) consent to therapy by:

In-Person Informed Consent:

I HAVE BEEN INFORMED VERBALLY AND IN WRITING OF THE FOLLOWING.

- 1) Possible outcomes and benefits of proposed service.
- 2) Reasonable alternatives to what is proposed.
- 3) Reasonable expectations regarding the length of time it may take to reach the goals; to be discussed with treatment planning.
- 4) Clients' rights.
- 5) Clients' responsibilities.
- 6) Nature of services offered.
- 7) Exceptions to confidentiality.
- 8) Fees for the service and client's responsibility.
- 9) Grievance procedure (how to use).
- 10) Emergency services after hours.
- 11) Denial of services for failure to pay, disruptive behavior, or other conditions required by therapist.
- 12) Laws regarding therapist/client contact.
- 13) In case of emergency, IPC may access your contact information in order to contact you or your emergency contact.

My signature on this form also acknowledges that I have been offered a copy of IPC's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by IPC and of my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

IPC Email Policy: While not all therapists at IPC are willing to communicate with clients via email, some are. The therapists that do use email typically use it only for administrative purposes such as scheduling appointments. Please check with your therapist on his/her policy and practices with regard to the use of email. Please be advised that email confidentiality cannot be guaranteed. If you wish to communicate with your therapist for any other reason between appointments, please call 608-255-9330. Emails should never be used in emergency situations.

Teletherapy Informed Consent

Benefits and Risks of Teletherapy

- Confidentiality. Confidentiality still applies for teletherapy services. The therapist agrees to take reasonable steps to ensure your privacy. It is important to find a private place for sessions to minimize being interrupted or overheard.
- Issues related to technology. There are many ways that technology issues might impact teletherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. You and your therapist will collaborate on a safety plan and identify supports to help in the case of a mental health emergency. At the end of this form you will be asked to provide backup contacts that we may contact in case of an emergency.
- Efficacy. Most research shows that teletherapy is as effective as in-person psychotherapy and many clients enjoy the ease of access for appointments.

Electronic Communications

We utilize a HIPAA secure platform for virtual sessions and your therapist will provide information on accessing these sessions. For communication between sessions, email communication and text messaging may be used with your permission and limited to administrative purposes only unless we have made another agreement. For privacy reasons it is recommended that these exchanges are limited to administrative matters such as setting and changing appointments, billing matters, and other related issues. Please check with your therapist on his/her policy and practices with regard to the use of email.

Confidentiality

Your therapist has a legal and ethical responsibility to make best efforts to protect all communications that are a part of your care. Although we use technology methods designed to help keep your information private, there is a risk that electronic communications may be compromised, unsecured, or accessed by others. These risks can be lessened by both parties agreeing to take reasonable steps to enhance security (e.g. using a secure internet connection rather than public/free Wi-Fi, having passwords to protect devices used for teletherapy). In general, the guidelines and exceptions for confidentiality outlined in our Informed Consent still apply in teletherapy. We may need additional permission of a parent or legal guardian for you to participate in teletherapy sessions.

Appropriateness of Teletherapy

Your therapist will work with you to ensure that teletherapy is the most appropriate form of treatment. We agree to discuss options for in-person counseling or referrals to another professional in your location who can provide appropriate services if needed.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address some of these difficulties, you will be asked to provide your address and an emergency contact who can be contacted in the event of a crisis or emergency. If you are in a life-threatening emergency, call 911 or go to your nearest emergency room. If you are not having an emergency and the session is interrupted by a technological issue, I may disconnect from the session and wait several minutes before attempting to re-contact you. Alternatively, I may contact you at the backup phone number you have provided.

Fees

All fees and methods for billing for teletherapy will be discussed prior to the appointment. Insurance or other managed care providers may not cover sessions conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the contracted session fees. Please contact your insurance company prior to our engaging in teletherapy sessions in order to determine whether these sessions will be covered. It is also important for you to be on time. If you need to cancel or change your appointment, please notify your therapist in advance by phone or email. At the discretion of your therapist, you may be charged for failing to show for an appointment or cancelling with less than 24-hour notice.

Records

The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Record keeping will be maintained in accordance with laws and policies.

I understand this policy and agree to abide by it. Your signature below indicates agreement with its terms and conditions.

Client Signature and Date:
Parent of Legal Guardian Signature (if applicable) and Date:
Therapist Signature and Date:
Client Address/Location during Telehealth Sessions:
Client Phone Number if Audio/Internet Fails:
Name/Address/Phone for Emergency Contact:

For Minors:

Please check one.

- I have full legal authority to consent to treatment of the minor without obtaining consent or approval of another person.
- I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I hereby authorize _____ to provide counseling to the minor in connection with substance abuse, mental health and/or other personal problems.

Parent or Legal Guardian