

**Dawn Dickson, LICSW**

Dawn Dickson Psychotherapy

3/16/2020

**INFORMED CONSENT TO PARTICIPATE IN TELETHERAPY**

I have been asked to receive psychotherapy remotely via teletherapy. I understand that I will be receiving therapy through either ***Spruce Health or Zoom*** interactive videoconferencing software. I understand that a link to this software will be sent to me and my therapist will answer any questions I have about it before I receive services. I understand that my participation in teletherapy is voluntary and I may refuse to participate or decide to stop participation at any time, verbally or in writing. I understand that my refusal to participate or decision to stop participation will be documented in my record. I will be informed by my therapist of the potential consequences of my revocation of informed consent for teletherapy before finalizing my decision to do so.

**Your Privacy:**

I understand that my privacy and confidentiality will be protected. Both Spruce Health and Zoom videoconferencing software have issued Dawn Dickson, LICSW (Dawn Dickson Psychotherapy) a HIPAA-required Business Associate Agreement where Spruce Health and Zoom agree to be responsible for keeping all client information secure and to immediately report any breach of personal health information. Spruce Health and Zoom maintain a high level of digital security through:

- a. **Peer-to-Peer Sessions** - Data privacy is protected as all audio/video communication is securely encrypted and transmitted from point-to-point such that even Spruce Health or Zoom do not have access to any identifiable health information that may be communicated.
- b. **Encryption** - All Spruce Health and Zoom traffic is encrypted with FIPS 140-2 certified 256-bit Advanced Encryption Standard. No servers, including Spruce Health and Zoom have access to the decryption keys. This keeps teletherapy sessions absolutely confidential.

When receiving teletherapy no person other than my therapist will be in the room at the originating site. I also agree to ensure a consistent and private physical space where I receive teletherapy services. This may require assertive communication with family or friends. Specifically, I will ensure:

- High speed internet service
- Strong WIFI signal or alternatively a hardwire connection between my computer and modem.
- A consistent location to receive teletherapy.
- No person will be in the room with me or able to hear me through a door, etc.
- No person will interrupt our session.
- I will not have active responsibility for monitoring a child, etc. during our session.
- Good light on my face and minimal light in the background (i.e. no windows).

**Possible Benefits of Teletherapy:**

- Reduced risk of infection given the current (03/15/2020) social distancing protocol recommended by the Center for Disease Control to address COVID-19.
- Enhanced access to social work services that are unavailable in person because of geographical distance, clients' disabilities, or illnesses.
- Being able to respond to clients rapidly.
- Enhanced access to services by reducing scheduling challenges.

*Adapted from:*

1. PM FORM 3.11.2 (<http://www.narbha.org/for-providers/frequent-forms/>)
2. NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice - Standard 2.04 ([https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards\\_FINAL\\_POSTING.pdf](https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf))

- More cost-effective service delivery.
- Ease of communication.
- Reduction in lost work time and costs associated with travel to obtain therapy.
- The ability of you and your therapist to view each other's facial expressions, an important source of non-verbal information.

**Possible Risks of Teletherapy:**

- Potential for technology failure and interruption of services.
- Potential for digital confidentiality breaches.
- Cost of computer and home internet service.
- Limited visual information compared to in-person therapy. This can interfere with observation of therapeutically relevant issues associated with your physical condition. Potential consequences include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist: height, weight, body type, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming, hygiene and manner of dress, eye contact (including any changes in the previously listed issues), sex, gender, chronological and apparent age, ethnicity, body language, and congruence of language and bodily expression.

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BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ AND UNDERSTOOD THE ITEMS CONTAINED IN THIS DOCUMENT.

- ☐ I agree to participate in and receive teletherapy using HIPAA-compliant videoconferencing software.
- ☐ I have chosen not to participate in teletherapy sessions, and my therapist has informed me of the potential consequences of doing so.

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Signature of client

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Date

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Printed name

I, the therapist, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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Signature of therapist

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Date

- ☐ Copy accepted by client   ☐ Copy kept by therapist

*This is a strictly confidential patient record. Redislosure or transfer is expressly prohibited by law.*

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