



Telehealth Informed Consent

I, _____, hereby consent to engage in teletherapy with my clinical therapist at Modify PC. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, 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, both orally and/or visually. Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

Client Rights, Risks, and Responsibilities:

- I, the client, need to be located in the state of Illinois during the session.
- I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- 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 the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality as discussed in the “confidentiality” section of this document.
- I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, that despite best efforts to ensure high encryption and secure technology on the part of my therapist, 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 the electronic storage of my medical information could be accessed by unauthorized persons.
- There is a risk that services could be disrupted or distorted by unforeseen technical problems.
- In addition, I understand that teletherapy-based services and care may not be as complete as face-to-face services.
- 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 therapist, my condition may not improve, and in some cases may even get worse.
- I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, 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 24-hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case, or becomes the case in future, my therapist will recommend more appropriate services.
- 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, and (2) 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 psychological treatment provider to do the same on their end.
- I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent. Neither I nor my therapist will record any telehealth sessions.
- I understand and agree that I will not record any telehealth sessions.
- Sessions will be submitted to insurance but Modify PC cannot guarantee they will be covered. It is the responsibility of the client to clarify coverage with their individual insurance provider. In the event that sessions are not covered under the client’s plan, the client will be responsible to cover the cost of the session or a teletherapy fee agreed upon with Modify PC prior to the start of teletherapy services.
- **I understand that my teletherapy session is scheduled the same as an in office session. I agree that I will be charged a fee of \$100 for missed appointments or appointments canceled with less than a 24 hr notice.**

My signature below provides my explicit informed consent to participate in teletherapy health services. I have had direct conversation with my provider and had the opportunity to ask questions pertaining to this form of care. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me to my satisfaction.

Signature

Date