

Body-based Psychotherapy of Metro Detroit, PLLC

Consent to Teletherapy Services

Name _____

Date _____

During the COVID-19 pandemic I am exclusively moving my practice to video therapy and will continue to do so as long as insurance companies provide reimbursement for this service. I want you, me, and our loved ones to stay safe.

Please note that the use of videoconferencing and telephone services for therapy has been shown to be as effective as face-to-face therapy, but it also involves special considerations:

Appropriateness of this mode of service: Since we cannot assess our “connection” or the clinical appropriateness of video treatment for your issues, I will use my best clinical judgement to assess that this is an appropriate way for us to meet. If you are facing significant issues that could compromise your safety, or you need a higher level of care, I will make a referral or we will discuss together what might be a better treatment option for you at this time.

Risks: General risks of teletherapy include possible lack of reimbursement by your insurance company, technological glitches, or loss of connection during our sessions, or a breach of privacy that is beyond our control. My HIPAA-compliant service providers are duty bound to notify us if such a breach occurs. Other risks might include discomfort with this mode of service (as opposed to in-person treatment), challenges interpreting non-verbal information, and my impaired ability to detect subtle shifts in your emotional state. I may have to ask you directly if I see tears or notice changes in your breathing, facial flushing, etc. I will do this because I won't always be able to see you and your body as I would in a face-to-face meeting. If we are meeting for relationship therapy, I may ask you to move your camera so that I can see the body language between you and your partner.

Emergencies: if you require crisis assistance, you will need to access care in your area. Please call 911 or go to the nearest emergency room. I will also be asking for your address in case I believe you need help during our meetings.

Location of our meetings: Please consider your location during any phone or videoconferencing meetings and make efforts to reduce distractions and to protect your privacy. You should also be aware of potential security issues with your computer. Turn off listening devices such as Siri or Alexa. Please close windows of other applications or programs that might slow down our connection or which might give visual or auditory alerts that will distract you. If you have other people in our household, please meet with me in a private room and consider using earbuds or headphones so people cannot hear our sessions. If

necessary, you may find it's easier to sit in your (parked) car or find a quiet public space outdoors. Just let me know.

HIPAA: I will be using a HIPAA compliant platform. I will only use a HIPAA compliant platform for this service.

Records: I will continue to document and retain records of our meetings. But I do not record your voice or image, nor do I record these sessions. I request that you also refrain from recording these meetings.

Reporting Requirements: All mandated reporting requirements regarding child, elder, and dependent Abuse, as well as and suicidal and homicidal risk are still in effect.

I have read this consent and agree to comply with the policies and procedures.

Signature of client

Date