

Nicole Lafko Breslend, Ph.D.
Psychological Trainee (Rostered Psychotherapist)

Teletherapy Informed Consent Form

I _____ hereby consent to engage in teletherapy/coaching with Nicole Breslend, Ph.D. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually. I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. 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, which are discussed in detail in the other consent forms for treatment I received with this consent form.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Burns, 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; that people who are nearby when I participate in a teletherapy session may overhear my discussion; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. 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 Dr. Burns 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. Finally, 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 psychologist, my condition may not be improve, and in some cases may even get worse
5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. I accept that teletherapy does not provide emergency services. During our first session, Dr. Burns and I will discuss an emergency response plan. 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 or use the National Crisis Text line 741741 24 hours per day.
7. I understand that 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.
8. I understand that I have the right to choose to receive services by audio-only telephone, in person, or by teletherapy, to the extent clinically appropriate.
9. I understand that while email may be used to communicate with Dr. Burns, confidentiality of emails cannot be guaranteed.
10. I understand that while text may be used to communicate with Dr. Burns, confidentiality of texts cannot be guaranteed.

11. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

Audio-only Teletherapy visit:

- Audio-only telephone services are available if clinically appropriate.
- Consenting to receive services by audio-only telephone is voluntary and does not preclude access to in-person or teletherapy services.
- Less information is available to your provider in an audio-only visit and your provider will determine whether an audio-only visit is clinically appropriate.
- Using telephone services, only requires access to a phone line and eliminates the need for internet or devices that enable video services.
- Audio-only telephone services cannot be used for psychiatric examinations related to involuntary commitments.
- Not all audio-only services are covered by all health plans, some services may be billed out-of-pocket, please talk to your provider or the billing department for more information.

I have read, understand and agree to the information provided above.

Client (or Guardian's) Signature

Date of Birth

Printed Name

Date

To be completed by provider:

Patient is receiving audio-only telehealth visit due to:
Clinical indication,
specify: _____

Other Indications (Check all below that apply)

Broadband Access / Reliability of Internet Connection

Other technical barrier, specify: _____

Patient comfort / preference

Other,
specify: _____