

Ellen Sachs Alter, PhD
Licensed Clinical Psychologist
1167 Wilmette Avenue, Suite 206, Wilmette, IL 60091
ellen@ellensachsalterphd.com
847-447-6711

Informed Consent for Teletherapy
Addendum to Therapy Services Contract

In an effort to respond to the COVID-19 pandemic, I am offering access to therapy sessions via teletherapy (i.e., therapy sessions by video conferencing). This Informed Consent for Teletherapy contains important information about receiving therapeutic services via the internet. **Note that this document represents an addendum to my Informed Consent form. Please read this carefully, and let me know if you have any questions.**

The primary benefit of teletherapy is that the client and therapist can engage in services without being in the same physical location; therefore clients are able to maintain continuity of care during this time when social distancing is highly recommended. There are also differences between in-person therapy and teletherapy, as well as some risks.

Risks to confidentiality and technology related issues: Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear content of therapy if the client is not in a private place during the sessions. I will provide therapy from a private location and will take every reasonable step to ensure that client information is maintained privately. It is important for clients to make sure that they find a private location for the session to avoid interruption or unintentional disclosure of information to other people. It is also important that clients protect the privacy of sessions on your cellphone or other device.

Clients should take reasonable steps to ensure the security of communications, such as only using secure networks for teletherapy sessions rather than a public/free Wi-Fi and not recording sessions. Turn off digital assistant apps on your phone including Siri, Google, Alexa, etc., before your session and unplug any smart speakers in the room before your session. They constantly collect auditory information while they are on; therefore, they violate your confidentiality.

There are many ways that technology issues might impact teletherapy. With any technology, there is always a risk of being inadvertently disconnected. If the session is disrupted at any time, I will re-contact you via the tele therapy platform. If the teletherapy platform appears to be dysfunctional, I will contact you by phone or email. While I utilize a HIPPA-compliant platform to deliver teletherapy services, no method of technology communication can completely guarantee confidentiality. There is a risk that electronic communications may be compromised, unsecured, or accessed by others.

Crisis management and intervention: I will not engage in teletherapy with clients who are currently in a crisis situation that requires a higher level of support and intervention. This means before initiating teletherapy, I will develop an emergency response plan with you in case a crisis arises during the course

of teletherapy services. I will ask you to identify an emergency contact person who is near your location and who I can contact in the event of a crisis or emergency to assist in addressing the situation. By signing this teletherapy addendum, you are authorizing me to contact your emergency person as needed during a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back. Instead, call 9-1-1, or the National Suicide Prevention Line: 1-800-273-8255 or the Help Hotline: 1-800-472- HELP (4357).

Fees: The same fee rates will apply for teletherapy as apply for in-person therapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. I encourage you to contact your insurance provider to determine if teletherapy sessions are covered.

Records: The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of the session in the same way as I treat in-person sessions.

This teletherapy consent/agreement is a supplement to Dr. Ellen Sachs Alter's therapy services contract (general informed consent) that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions. Please sign and either scan/email, fax or take a picture of below and email to me at ellen@ellensachsalterphd.com.

Signature of Client (age 12 and older)

Date

Signature of Parent or Legal Guardian for Minor

Date

Relationship to Client

Signature of Therapist, Ellen Sachs Alter, PhD

Date

Emergency Contact information:

Name _____

Relationship to Client _____

Cell Phone Number _____

Email Address _____