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INFORMED CONSENT FOR TELETHERAPY

I, _____ (client name) hereby consent to engage in “teletherapy” or “e-therapy” with a therapist from Chrysalis Center. I understand that teletherapy may include, but is not limited to, mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications (i.e. phone, cellular phone, internet). I understand that teletherapy involves the communication of protected health information both orally and/or visually, to healthcare professionals that may or may not be located in my state.

- Only clients who have been seen in person at Chrysalis Center more than five times will be offered the option of teletherapy. This service will be provided at the discretion of my therapist and the owners of Chrysalis Center, and may be dependent on diagnosis, duration of services, and the availability of appropriate technology.
- Clients who are receiving services and are not in the same state as their therapist agree that the “point of service” for therapy will occur in the therapist’s state of residence and licensure, not the client’s. The client will use the telephone or internet to virtually travel to the therapist and the therapist will thereby abide by the legal and ethical standards of their state of licensure and residence (North Carolina).
- It is the client’s responsibility to create an appropriate environment on their end of the transmission and to ensure, to the best of their ability, the confidentiality and integrity of their health information. The client assumes any risk to their private health information that is stored on their phone or computer.
- The therapist will ensure that all standards that apply to in-office therapy will be consistent with teletherapy, including the confidentiality of information. Please refer to the Consent to Treatment and Privacy Practices for more information on those policies.
- There is a risk that, despite reasonable precautions on the part of Chrysalis Center, transmission of clients’ health information could be distorted or disrupted by technological failures or accessed by unauthorized persons. The client understands that any policies on the part of technological providers (such as cellular carriers, Skype, or instant messaging programs) may interfere or supersede health information confidentiality and assumes the risks of using these technologies.
- Teletherapy may not be as comprehensive as face-to-face services. If the therapist believes that the client would be better served with another type of service or level of care, they may be referred to someone in the client’s geographical area.
- Teletherapy does not provide access to local services. A safety plan will be implemented for every client receiving teletherapy in the event of an emergency. Clients should access 911 or the nearest hospital emergency room if needed.
- Teletherapy services cannot be billed through insurance and will be considered “self-pay” services.

I have read and understood this document and will address any concerns or questions with my therapist, and/or the office manager. Chrysalis Center reserves the right to change this agreement as necessary and in accordance with all applicable laws. Current copies of this agreement can be requested anytime and are available on our website.

Client/Representative Name (please print) _____

Client/Representative Signature _____ **Date** _____

I have addressed the client’s/parent’s/guardian’s concerns and/or questions. The client appears fully competent to give informed consent.

Clinician/Researcher Signature _____

Date _____