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**Anne Huebner and Associates, LLC**

**17100 West North Avenue, Suite #100 | Brookfield, WI 53005 | 262-786-9184**

**Informed Consent For Telemental Health Services**

The following information is provided to clients who want to receive telemental health therapy (also referred to as teletherapy or virtual visits.) Your signature at the end indicates that you understand and consent to the following:

1. **Service Delivery**: At Anne Huebner and Associates, LLC (AHA) telemental health services are provided via synchronous (real time) video conferencing. We do not provide therapy via telephone, chat, texting, or e-mail exchanges.
2. **Age, Residency, and Location Requirements**: AHA provides telemental health services (“teletherapy”) only to Wisconsin residents age 18 and above. You and the therapist must be in Wisconsin at the time services are delivered.
3. **Security and Privacy**: AHA utilizes HIPAA-compliant video conferencing software that is encrypted at the current standard to best ensure privacy and confidentiality of transmissions. Documentation of sessions is retained in a secured HIPAA-compliant Electronic Health Record.
4. **Client Responsibility to Ensure My Privacy**: I understand that as the client, I also have a responsibility to ensure my privacy in the following ways: by accessing secure, password-protected technology in a private room free of interruptions, with the door closed, where I can be reasonably sure no one is able to hear my sessions; by not accessing teletherapy from an employer’s computer system; by not recording any sessions; by always logging out when sessions are completed. Although free public-access systems, such as those located in local libraries, schools, or hotels, might seem most convenient it is advised that I not access teletherapy through those means due to increased danger of privacy violations.
5. **Social Media**: At no time will I attempt to contact my therapist via their personal social media account, such as through Facebook, Instant Messenger, LinkedIn, Instagram, Twitter, or Snapchat. I will also not attempt to contact my therapist via Facetime, Skype, or other platforms that are not HIPAA-compliant.
6. **Teletherapy is Not Appropriate for all Clients:** For instance, teletherapy is not appropriate for those experiencing domestic abuse, trauma symptoms, suicidal ideation, homicidal ideation, psychotic mental states, or for those engaged in anorexia nervosa or substance abuse. Teletherapy is also not suitable for those who desire crisis services, or legal testimony, or the rendering of legal opinions. I will be forthcoming with my therapist about my symptoms and situation. If my therapist determines at any time over the course of therapy that I would be better served by another form of services (i.e., in-person therapy,) my therapist will assist me in finding an appropriate professional resource.
7. **Crisis or Emergency Procedures**: I recognize that in a mental health crisis or emergency, my therapist may not be immediately available. I have the option of trying to reach my therapist by phone at 262-786-9184 and arranging for an urgent in-person appointment. If I am experiencing a life-threatening emergency, I understand that I would be best served by immediate in-person care. I can call 911 or proceed to the nearest hospital emergency room for help. In the space below, please provide the name of two nearby hospitals or emergency care centers and a trusted emergency contact person you can call who would drive you to the hospital if needed. Name and number of two nearby Hospitals:

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Name and number of trusted contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* I give my therapist permission to call the above-named person as my “Support Contact” if I am deemed at risk of harm to self or others or require emergency care.**

(Informed Consent Continued Next Page) p.1 Client Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Risks and Disadvantages of Teletherapy**: These include, but are not limited to, the possibility that despite the therapist’s reasonable efforts, transmission of sessions could be distorted or disrupted by technical failures; the transmission of my information could be intercepted by unauthorized persons; electronic storage of records could be accessed by unauthorized persons.
2. **Advantages of Teletherapy:** These include convenience to the client, who may prefer not to travel to the therapist’s office or may not be able to meet in person for various reasons. A growing body of research supports teletherapy as an effective means of providing treatment.
3. There are risks and benefits associated with any form of psychotherapy, and despite the best efforts of my therapist, my condition may not improve, and in some cases may even decline.
4. **Fees Charged for Teletherapy:** Fees are the same as the fees charged for in-person therapy. In some cases, fees are covered by insurance. It is the client’s responsibility to be knowledgeable about their insurance benefits and any deductibles or copays they may incur for services provided.
5. **Session Access and Length**: My session will begin when I log in to the software designated by my therapist, pay my copay, and connect. Sessions will last the standard 40-45 minutes, which allows my therapist time to complete required documentation afterward.
6. **Technology Failure**: In the event of a technology failure mid-session, my therapist and I will speak by phone to reschedule the session. There may be a fee for the portion of any session provided prior to a disruption. If a failure is at my (the client’s) end and causes a missed appointment, I will call my therapist at least two hours prior to the session to reschedule. If I don’t do so, I will be charged a missed appointment fee, up to $100, or as permitted by my insurance. Repeated system failures may result in termination of teletherapy services.
7. **State and Federal Laws** that protect the confidentiality of my information also apply to teletherapy. This Informed Consent does not negate the general Informed Consent or standard HIPAA Form also required to receive treatment of any kind at AHA.
8. **Other Client Rights**: I have the right to refuse any procedure recommended, and I have the right to end teletherapy at any time.
9. **Client Authenticity**: If I misrepresent myself in any way, my treatment may be terminated.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(updated 1/22)