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Patient Information and Consent Form for Teletherapy or Telepsychology

Introduction: Teletherapy is the delivery of psychological services using interactive audio and visual electronic systems where the clinician and the patient are not in the same physical location (aka telehealth). The interactive electronic systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

Potential Risks with teletherapy: As with any healthcare service, there may be potential risks associated with the use of teletherapy. The risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate psychological decision making by your provider. Your provider may not be able to provide psychological treatment using interactive electronic equipment nor provide for or arrange for emergency care that may be required.
- Delays in psychological evaluation and treatment may occur due to deficiencies or failures of the equipment
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of confidential psychological information
- A lack of access to all the information that might be available in a face to face visit but not in a teletherapy session may result in errors in psychological judgment.

Alternatives to the use of teletherapy:

- Traditional face to face sessions with a local provider
- **Note:** during the coronavirus pandemic, telephone calls/sessions can be billed to most insurance companies. A telephone session may be offered (included as a part of this agreement) if the client does not have access to a computer or electronic device with a camera, due to technology issues (e.g., mic is not working or wifi issues), connectivity issues, and/or the parties are unable to meet via teletherapy.

Working with minors:

- When I do therapy with minors, parents/guardians consent to treatment for the minor and have access to the minor's medical records until the minor turns 18. The therapy process often includes communication between the therapist and the minor's parent(s)/guardian(s). This varies greatly depending on your specific treatment needs, concerns, and life situation. When we work with minors, it is most pragmatic to appoint one parent/guardian to handle billing and scheduling—a "logistical contact"—because most minors do not do their own scheduling or pay their own bills. We will discuss who your family's logistical contact person will be in your first appointment. Although we will arrange this on a case-by-case basis, most often they will be the parent/guardian under whom the minor is

insured. We ask that the logistical contact person provide their contact information (address and phone number) on the Confidential Client Information form. Streamlining the logistics of scheduling and billing allows us to focus on providing you the help you are seeking. Of course, all parents/guardians involved with a minor are welcome to share pertinent treatment- related information with us, and we are happy to spend a brief portion of the session(s) reviewing this information with you. We are required by law to obtain consent for treatment from both custodial parents in the case of a legal separation or divorce. We are not able to see your child without obtaining the HIPAA and Service Agreement forms signed by both custodial parents.

- Please be aware, I do not give parents or caregivers a “play-by-play” of their children’s sessions. In order to preserve the therapy process and relationship, you may not be informed of everything your child shares in his/her sessions. I will inform you as soon as possible if I become aware of safety concerns, including but not limited to thoughts of harming oneself or others. When parents attend sessions, they will be asked to be active participants in the session, not merely observers. While participating in Telehealth, parents may assist in the setup of equipment, but otherwise, please provide your child with privacy when conducting telehealth sessions.

_____ **Initial here** to indicate your understanding of this policy.

Confidentiality Standards required for teletherapy:

- During a teletherapy health session, both locations shall be considered a patient examination room regardless of a room’s intended use.
- Both sites shall be appropriately chosen to provide audio and visual privacy.
- Rooms shall be designated private for the duration of the session with the Provider and no unauthorized access shall be permitted.
- Both sites shall take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites shall be identified to all participants prior to the consultation and the patient’s permission shall be obtained for any visitors or clinicians to be present during the session.
- HIPAA confidentiality requirements apply the same for teletherapy as for face-to-face consultations.

Client Rights:

- The laws that protect the privacy and confidentiality of psychological information also apply to teletherapy.
- Video conferencing technology used by Matthew Cooper, Psy.D., PLLC is encrypted to prevent unauthorized access to private psychological information.
- Client has the right to withhold or withdraw consent to the use of the teletherapy during the course of care at any time. Withdrawal of consent will not affect any future care of treatment.
- Dr. Cooper has the right to withhold or withdraw consent for the use of teletherapy during the course of care at any time.
- Rules and Regulations which apply to the practice of psychotherapy in the state of Iowa also apply to teletherapy.
- Dr. Cooper will not record any of the teletherapy sessions without client’s prior written consent.

Client Responsibilities:

- Must be a resident of the state of Iowa to be eligible for teletherapy services from Matthew Cooper, Psy.D., PLLC.
- Will inform provider if any other person can hear or see any part of our session before the session begins. The provider will inform client if any other person can hear or see any part of the session before the session begins.
- Third-parties may be required to join in the meeting with the provider and client to provide technical support. Client may be asked to interact with the technical support person on camera in order to fix the problem. If client declines this request and Provider's equipment is rendered unusable for the video conferencing, client may forfeit the option to use teletherapy.
- Client, not Matthew Cooper, Psy.D., PLLC, is responsible for the configuration of equipment on the client's computer/phone which is used for teletherapy. It is client's responsibility to ensure the proper functioning of all electronic equipment before session begins. Client may need to contact a designated third party (e.g. Google Meet, Doxy.me) for technical support to determine computer's readiness for teletherapy prior to beginning teletherapy session with Provider. It is also recommended that the client downloads the application prior to the start of the session time.
- Client is financially responsible for any service that is conducted in which the insurance company does not reimburse the provider for any reason. Matthew Cooper, Psy.D., PLLC highly recommends that you call your insurance provider to ensure that Teletherapy services are covered under your insurance plan.
- By accepting the invitation to the Teletherapy meeting/session are giving permission to bill their insurance.

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; trusted family, friend, or confidant). By signing the document below, you are stating that you are aware if your clinician believes you may be at risk for harming yourself and is not able to contact you directly, they may choose to contact the people listed below to request assistance in assessing your safety risk. Furthermore, by signing below, you are acknowledging your clinician may contact the necessary authorities in case of an emergency and this may include calling the police to request that they do a "wellness check". You are also acknowledging that if you or your clinician believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care clinician or at the nearest hospital emergency department or by calling 911.

The address where you plan to engage in Teletherapy appointments most of the time:

Street: _____ Apt: _____ City: _____ State: _____ Zip: _____

Your psychiatric provider:

Name _____ Phone #: _____

If you don't have a psychiatric provider, **list another physician** who cares for you:

Name _____ Phone #: _____

Please write down first family members that live in the home and/or another trusted family member/friend. For minors, please only list family members in both places below.

Family member name & relationship: _____ Phone #: _____

Friend name & relationship: _____ Phone #: _____

By accepting the invitation to a Teletherapy meeting, you are acknowledging that you have read and understand the information provided regarding teletherapy, have discussed with your Provider and all questions have been answered to satisfaction.

By accepting the invitation to a Teletherapy meeting, you are giving informed consent for the use of teletherapy by Matthew Cooper, Psy.D., PLLC, for the course of diagnosis and treatment. In addition to accepting the invitation to a Teletherapy meeting, please sign (electronic signature also works) and date below. If you are under the age of 18, your parent will have to sign for you.

Print Name: _____

Sign Name: _____

Date: _____