

MARGIT COX HENDERSON, PH.D.
Licensed Clinical Psychologist (CO #2236)
1805 S. Bellaire ♦ Suite 175 ♦ Denver, Colorado 80222
Phone: (303) 257-2427

Teletherapy Informed Consent

Teletherapy involves electronic communication to enable a psychotherapist at a different location from the client to provide psychotherapy, including diagnosis, consultation, treatment and education using phone call, video session, text, email or other electronic communication (hereinafter referred to as Teletherapy). While Teletherapy can increase accessibility of psychological services, it also has limitations and potential risks.

By signing below, you indicate that you understand the following:

- ❖ I have a right to confidentiality with Teletherapy under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. The exemptions to confidentiality outlined in the Disclosure Form I signed at the start of treatment also apply for Teletherapy.
- ❖ An important part of psychotherapy is sitting face-to-face where non-verbal communications are easily observable by therapist and client. Without this information and the experience of presence, Teletherapy may be slower to progress or less effective. In-person sessions are preferable and to be used whenever possible.
- ❖ Dr. Henderson may determine that Teletherapy is not an appropriate form of treatment for my situation or condition. In this case, Dr. Henderson may decide to cease Teletherapy and recommend that I be seen for in-person therapy. Dr. Henderson cannot be required to use Teletherapy for my care.
- ❖ I can cease using Teletherapy at any time.
- ❖ It is my responsibility to be in a private space before initiating my session to ensure my own confidentiality. Dr. Henderson will conduct her side of my Teletherapy session from a private location.
- ❖ My Teletherapy sessions could be disrupted, interrupted or distorted due to technical deficiencies and/or failures that are beyond Dr. Henderson's control. Other methods (switching from video to phone) will be attempted if the first method of communication is disrupted. Sessions that cannot be continued will be rescheduled.
- ❖ It is possible that an unauthorized third person or party could breach any form of electronic communication and could access the privacy of my personal health information. To limit this risk for video sessions, Dr. Henderson uses www.doxy.me. This easy-to-use online program is HIPAA compliant and encrypted for security and privacy to aid in protection against intentional or unintentional corruption. Unsecure, unencrypted resources such as Skype, FaceTime, etc. may not be used.
- ❖ Payment for Teletherapy services is to be mailed as soon as the session is completed. As with in-person sessions, cancelations of Teletherapy session require 24-hour notice.
- ❖ The laws and professional standards that apply to in-person psychotherapy also apply to Teletherapy services.
- ❖ This document does not replace other agreements or documents of informed consent.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist. My signature below indicates that I have read this Consent and agree to its terms.

Client Name (print)

Client Signature

Date