

Psychological Services of Central Illinois, P.C. (P.S.C.I.)

Informed Consent for Teletherapy Services

Patient Name: _____

Patient Date of Birth: _____

I understand I have a right to confidentiality with teletherapy under the same laws that protect the confidentiality of my personal and health information for in-person psychotherapy. Any information disclosed by me during the course of remote teletherapy is confidential.

There are, by law, exceptions to confidentiality including, but not limited to, reporting child, elder and dependent adult abuse; expressed threats of violence toward an ascertainable victim; my own mental or emotional state informing a clear danger to myself or others; where I make my mental or emotional state an issue in a legal proceeding; where otherwise required by law.

I understand that there are unique risks specific to teletherapy services including, but not limited to, the possibility of disruption, distortion or unauthorized access during transmission of personal information due to internet/electronic/technical failures beyond the psychologist's control. The www.doxy.me telemedicine video conferencing platform is HIPAA compliant for privacy/security and will be used during my teletherapy appointment.

I understand that I may not benefit from teletherapy and that teletherapy may be discontinued in favor of another treatment modality, therapeutic strategy or termination of treatment. Should I find myself in need of emergency mental health care, I understand that I can call 911 or proceed to the nearest hospital emergency room.

I understand that I am solely responsible for the privacy and confidentiality in my surrounding environment while engaged in teletherapy and will exercise appropriate privacy measures. I also understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

My signature below attests to my understanding and acceptance of the above terms and conditions.

Signature of adult patient, parent, or guardian

Date

Signature of child (if 12 years old or older)

Date

Signature of witness
