

**INFORMED CONSENT FOR TELETHERAPY SERVICES**

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281-989-8640

**General Information:** Dr. Piland strives to provide effective therapeutic services by following best practices outlined by state licensing rules and regulations as well as guidelines from the American Association of Marriage and Family Therapists (AAMFT). You and/or members of your family will be asked to fill out questionnaires before you begin therapy. The questions asked are about you, your relationship with your significant other/family and your thoughts about therapy. These questionnaires will be used to enhance your therapy experience and guide treatment. All case information is secured in a personal file and will remain CONFIDENTIAL. Feel free to ask questions or discuss any part of Dr. Piland's procedures during your initial appointment.

**Confidentiality:** Your case records, will be kept confidential and private unless disclosure is authorized by you or required by law. Under current Texas law, what you say to your therapist is not protected completely as a "privileged communication." Texas and New Mexico laws and ethical practice requires us to notify appropriate state agencies if we suspect or know of a child abuse situation or have cause to believe that an elderly or disabled person is being abused. In addition to other disclosures authorized or required by law, we must also give case information in child custody cases that go before a court. In matters where disclosure is not authorized or required by law, confidential information will not be released without your written authorization.

**Intoxication:** Dr. Piland will refuse service to anyone who is suspected of being under the influence of alcohol and/or drugs during session. A person in such condition will be asked to reschedule the appointment and the client will be responsible for the scheduled session fee.

**Telemental Health Services**

Telemental health or teletherapy services includes consultation, assessment, and/or treatment conducted using telecommunications (i.e., video conferencing, telephone, email). The state of Texas allows for the practice of teletherapy, after the completion of at least 15 hours of education and training related to teletherapy services. Clients must be current residents of Texas or New Mexico and be located in those states when receiving teletherapy services from Dr. Piland.

Any decision to use teletherapy as a means to deliver therapeutic services will be carefully considered by Dr. Piland on a case-by-case basis, based on professional, intellectual, emotional, and/or risk issues of the client. Teletherapy services may not be the appropriate format for every client or on a continuous basis.

**Benefits.** Teletherapy can provide individuals, couples, and families with convenient access to therapy services and allows for the continuation of services if a client relocates to another location in the state of Texas during the course of therapy. Those receiving teletherapy services have found that they build a trusting relationship with their therapist using technology similar to what clients report from traditional in-person services. Researchers have found support that clients can benefit from teletherapy services for a number of different presenting issues, such as anxiety, depression, and grief.

**Risks.** Despite reasonable efforts made by Dr. Piland, I understand that in addition to the potential benefits of teletherapy services, there are still risks associated with teletherapy services. These risks include, but are not limited to the possibility that: the transmission of my information could be disrupted or distorted by technological failures, the transmission of my information could be interrupted by unauthorized persons, and/or electronic storage of my information could be accessed by unauthorized persons. Dr. Piland uses a Health Information Portability and Accountability ACT (HIPAA) compatible teletherapy platform to minimize risks. Additionally, I understand that teletherapy services may not be as complete as traditional in-person services. If my therapist believes that I would be better served by another form of therapeutic services, such as in-person services, I will be referred to a professional who can provide these services in my area.

**Resources for Teletherapy Services.** I understand that to receive teletherapy services from the Dr. Piland that I will be responsible for: (1) providing the necessary computer/tablet/smart phone and internet access for my teletherapy sessions, (2) the security of the technology devices used for the teletherapy sessions, and (3) arranging a location with appropriate privacy and lighting free from distractions or intrusions for my teletherapy sessions. Dr. Piland uses doxy.me, a HIPAA compatible teletherapy platform. After scheduling your first appointment, she will provide you with a link to access the virtual waiting room for the teletherapy sessions. The teletherapy platform does not require you to create an account or to pay a fee to use the site. Clients will also receive the Technology Disruption Plan, which discusses steps that will be taken if there are issues with connection during the teletherapy session. During the first teletherapy session, clients will create an Emergency and Crisis Intervention plan with their therapist that will be utilized if safety issues occur during the course of therapy.

**Consent:** I voluntarily consent to receive therapy services and/or to have my child receive services provided by Dr. Piland. I understand that if I miss, reschedule, or cancel appointments to the point of not being seen for 60 days or longer, my case will be considered inactive and my file will be terminated. I understand that I may resume therapy by calling (281) 989-8640 and Dr. Piland will share her current availability and make a referral to another provider in the event that she is unable to accommodate your schedule or therapeutic needs.

I understand the potential benefits and risks of receiving teletherapy services. I have been informed that the decision to use teletherapy will be initially and routinely assessed for effectiveness and that my therapist may decide that teletherapy is an ineffective format for me to receive services and referrals will be provided for in-person services.

I understand that this consent to services will be valid and remain in effect as long as I attend services with Dr. Piland, unless revoked by me in writing, with written notice provided to her. If I have any questions or concerns now or in the future, I understand that I should consult with my therapist at (281) 989-8640.

**Fees and Payment:** I understand that Dr. Piland charges \$125.00 per 50-minute session. I understand that payment is expected using the Ivy Pay app, at the end of each session, unless other contractual agreements have been made with the therapist. If the agreement for payment

of services is not maintained, future appointments will not be made until I and the therapist agree on how I will pay for past and future sessions. **I understand that I am responsible for submitting a request for reimbursement to my insurance plan, and that Dr. Piland is not a network provider for 3<sup>rd</sup> party payers.** If I am unable to keep an appointment, it is my responsibility to notify the therapist immediately. If an appointment is missed or canceled without 24 hours prior notice, except in the case of an emergency, **I understand I will be billed \$60 for the missed 50-min session or the full session fee for extended sessions lengths.**

**Communication:** Electronic communication is not considered protected from potential breaches of confidentiality, even when cell phones and/or email accounts are password protected. Phone correspondence also possesses confidentiality risks that cannot be guaranteed as protected; including text messages and voicemail messages. The following safeguards have been taken by your therapist to prevent any breaches of your confidentiality:

- 1) Business cell phone is passcode and fingerprint protected
- 2) Voicemails will be deleted within 24 hours
- 3) Your full name will not be saved as a 'contact' in the contacts address book
- 4) Your full name will not be used in schedule/appointment reminders.

(Initial below)

\_\_\_\_\_ I have read and understand the limits of confidentiality regarding electronic correspondence.

\_\_\_\_\_ I would like to receive appointment reminders via text messages which omit any identifying information.

\_\_\_\_\_ When applicable, I give permission to receive emails for materials that are in electronic form related to session discussions with my therapist (e.g., articles, handouts, homework materials).

\_\_\_\_\_ I understand that my therapist cannot respond to personal updates/session-related texts between appointments. I will call and leave a voicemail for my therapist if an urgent matter develops between sessions OR contact my therapist to arrange for an earlier appointment.

I certify that this 3-page form, including the statements on the limits of confidentiality, has been fully explained to me, that I have read it or had it read to me\*, and that I understand its contents. I certify that I have legal authority to give consent for the treatment of all minor children who are included in therapy.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

***If you do not have a printer/scanner, a typed signature is valid for the purpose of establishing informed consent.***

