



## TELEHEALTH CONTRACT

Given the current nature of the COVID-19 and CDC guidelines for social distancing, Psychology and Beyond, LLC has implemented telehealth to provide psychotherapy services to clients.

This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Prior to starting video-conferencing services, we discussed and agreed to the following:

### 1. Benefits and Risks of Telepsychology

Telehealth refers to providing health-related services, in this case psychotherapy services, remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person psychotherapy and telepsychology, as well as some risks.

For example:

- ***Risks to confidentiality.*** Because telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

- ***Issues related to technology.*** There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

- ***Crisis management and intervention.*** Usually, I will not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.

### 2. Electronic Communications

We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. Zoom for Healthcare will be used as our



telehealth platform. Zoom for Healthcare is HIPAA compliant. It will encrypt and securely back up all client data. It does not record or store the audio or video from telehealth sessions. You may have to have certain computer or cell phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy. Here is the equipment that is needed to utilize telehealth via Zoom for Healthcare:

- A computer, tablet, or phone
- An external or integrated webcam
- An external or integrated microphone
- An internet connection with a bandwidth of at least 10 MBPS. It is recommended that an Ethernet cable over WIFI when possible to ensure the best possible connection through your internet provider.
- If using a desktop or laptop, it is recommended using these internet browsers:
  - o Google Chrome
  - o Mozilla Firefox
  - o Safari
- If using a tablet or mobile phone, it is recommended using the following
  - o Android – Google Chrome
  - o iOS 11 or newer (iPhone or iPad) – Safari

We will maintain confidentiality with the following exceptions:

- When a court of law subpoenas information shared by you with your therapist
- When there is reasonable concern that harm may come to you or others (examples may include but not limited to child abuse, suicide, homicide). Confidentiality still applies for telepsychology services, and for more detailed explanation, please refer to patient contract document. If you have questions or concerns, please don't hesitate to ask your psychologist

### **3. Emergency Situations**

Given the unique nature of telehealth and the fact that you and your therapist will not be in the same location, additional precautions will be implemented to ensure your safety. Please see below the terms related to confidentiality and emergency situations.

#### **Confidentiality related to Abuse**

- If your psychologist has reason to believe that a child is a victim of child abuse or neglect, the law requires that your psychologist files a report with the appropriate government agency, usually the local child protection service. Once such a report is filed, your psychologist may be required to provide additional information.
- If your psychologist has reason to believe that someone is an endangered adult, the law requires that your psychologist file a report with the appropriate government agency, usually the adult protective services unit. Once such a report is filed, your psychologist may be required to provide additional information.



- As part of the safety plan, your psychologist will contact Spring Health about the nature of the abuse. Your psychologist will inform the Care Navigation team of what happened so that they can follow up with the patient.

### *Confidentiality related to Suicidality and Homicidally*

- If a patient communicates an actual threat of physical violence against an identifiable victim, or evidence conduct or makes statements indicating imminent danger that the patient will use physical violence or other means to cause serious personal injury to others, your psychologist may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, notifying Spring Health, or seeking hospitalization for the patient.
- If a patient communicates an imminent threat of serious physical harm to him/herself, your psychologist may be required to disclose information in order to take protective actions. These actions may include
  - Notifying Spring Health's 24-7 support line and Care Navigation are alerted immediately.
  - Within 2 hours of that alert, 24-7 support line reaches out to the patient to ensure that they are safe and able to access resources as needed.
  - Sending Spring Health Care Navigation an encrypted message of the 24/7 support line's report and then reaches out to the patient for follow up.
  - The patient can choose to participate in the Care Navigation call or schedule directly with the psychologist.
  - **If the patient schedules with the psychologist (i.e., Pia Nathani, PhD, HSPP) and exhibit behaviors that indicate they are no longer appropriate for a tele-health setting, the psychologist will inform the Spring Health Care Navigation team to find alternate resources for the patient.**
- initiating hospitalization or contacting family members or others who can assist in providing protection.
- If such a situation arises, your psychologist will make every effort to fully discuss it with you before taking any action and will limit any disclosure to what is necessary.
- While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and your psychologist is not an attorney. In situations where specific advice is required, formal legal advice may be needed.



**Psychology and  
Beyond, LLC**

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We also ask that you provide information of two emergency contacts that you give us permission to contact in the case of a crisis or emergency situation that does not warrant a call to 911 emergency services.

Emergency Contact #1

Name:

Phone:

Email:

Relationship to Client:

Emergency Contact #2

Name:

Phone:

Email:

Relationship to Client:

Client Signature

Print Client's Name

Date

Psychologist Signature

Date