



Teletherapy Informed Consent Form

I hereby consent to engage in teletherapy counseling services with Boise State University Counseling Services. I understand that "teletherapy" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive live audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in the state of Idaho.

I understand that I have the following rights and understanding with respect to teletherapy:

- 1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- 2) I understand that my clinician is licensed in the state of Idaho, and therefore, I will need to attest that I am physically in the state of Idaho for each teletherapy session.
- 3) The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I will need to attest that I am in a private, **non-public**, secure place, and alone for each of my teletherapy sessions.
- 4) I understand that the information disclosed by me during the course of my therapy is generally confidential.

However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting abuse **of vulnerable populations**; expressed threats of violence towards an ascertainable victim; **expressed threat to harm or kill self**; and where I make my mental or emotional state an issue in a legal proceeding **or the involvement of law enforcement**.

I also understand that the dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my written consent.

- 5) I understand that there are risks and consequences from teletherapy. This includes, but is not limited to, the possibility, despite reasonable efforts on the part of my counselor, that technical failures could disrupt or distort the transmission of my medical information; unauthorized persons could interrupt the transmission of my medical information; and/or unauthorized persons could access the electronic storage of my medical information. **In the event of a technical failure, I will have a contingency plan in place with my counselor for a back-up mode of communication to close our therapy session and discuss next steps.**

In addition, I understand that teletherapy-based services and care may not be as complete as in-person face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area. **Examples include, but are not limited to, crisis situations, severe and persistent mental illness, and medication management.**

Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve, and in some cases may even get worse.

- 6) I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured. I accept that teletherapy does not provide emergency services. During our first session, the clinician and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand

that I can call 911 or proceed to the nearest hospital emergency room for help. Examples of emergency situations include, having thoughts of hurting or killing either another person or myself, having hallucinations, being in a life-threatening or emergency situation of any kind, having uncontrollable emotional reactions, or being dysfunctional due to abusing alcohol or drugs.

I acknowledge I have been told that if I am having suicidal thought or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24 hour hotline support.

I understand that my counselor may ask me to have a ‘collaborator’ on my premises, who is available to contact local authorities in an emergency. A collaborator can be family or friend. My counselor and I will determine who will be designated as my local collaborator, obtain their contact information and consent, discuss their responsibilities, and circumstances for contacting them.

7) I understand that I have a right to request access to portions of my medical information and copies of medical records in accordance with Idaho law and HIPAA privacy and security rules.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.