

KU Child and Family Services Clinic

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Addendum to Consent for Services: INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on psychotherapy using the phone or the Internet. Telepsychology has become a necessity given the current COVID-19 pandemic; once restrictions of contact for public health purposes are lifted, our clinic will return to in-person sessions. Please read this carefully and let me know if you have any questions. When you sign this document and/or give a verbal consent, it will represent an agreement for the type of services we will be doing. In addition, you can discontinue telepsychology services if you feel that these services are not meeting your present needs. I will also talk with you if it appears that these services are not appropriate for you.

Benefits and Risks of Telepsychology

Telepsychology refers to providing 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. This can be helpful in ensuring continuity of care if the client or clinician is unable to meet in person. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is the 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 protect 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 telepsychology. 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 Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during our telepsychology work.
- Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in

the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will be using Zoom for Healthcare, which is HIPAA compliant to use as our treatment platform. Zoom is free to Download on your phone and/or computer and is easy to use with most operating systems. We will not be using texting or emailing for treatment sessions. We may use audio and video or just audio/phone communication depending on your situation.

If a session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact with you via the telepsychology platform on which we agreed to conduct therapy or by phone. I will also do this if a phone call is interrupted. You can call 785-864-4416 during business hours if I am unable to reach you and leave a message about good times to reach you.

For communication between sessions, you can call our clinic number at 785-864-4416 to leave a message; messages at this number are being checked several times during normal business hours. It is important to be on time for sessions and if you need to cancel or change your appointment time, please call the clinic 24 hours in advance of the session to leave a message. It would be very helpful if you could give days/times that you are available for call back. The administrative assistant will give me your message. When I call you, it will be from a BLOCKED number, so if I leave a message, I will let you know possible times I can call back. There will be times that we will need to use email in a limited way, such as to send Zoom invitations, and these emails will come from our clinic email, kuclinic@ku.edu, and will usually arrive the day before the scheduled session. We will encrypt these emails when we send them to you. Please do not respond to these emails or try to communicate with us through this email address. Instead, call the clinic and leave a message as needed. We cannot ensure an immediate response to phone calls, so this method **should not** be used if there is an emergency. During an emergency, you can contact 911, or contact your local hospital emergency room (ER) or community mental health center (CMHC).

Confidentiality

I have a legal and ethical responsibility to make my best effort to protect all communications that are a part of our telepsychology. However, the nature of electronic communication technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications by being in a private area.

The extent of confidentiality and the exceptions to confidentiality that were outlined in our General Consent form still apply with telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I will ask you where you are when we begin each session. I will also ask you to identify an emergency contact person who is near your location and can be contacted in the event of a crisis or emergency to assist in addressing the situation, and your permission to contact this emergency contact person as needed during an emergency. We will also review emergency resources in your community.

If the session is interrupted for any reason, such as the technological connection fails, and you **are** having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Then you could call the clinic and leave a message to let us know that you have called and/or obtained emergency services. I will then contact you as soon as I'm able after I receive the message.

Fees

The fee we agreed on in your signed Fee Contract will apply to sessions conducted in the clinic or via telehealth.

Records

The telepsychology sessions will be recorded as discussed in the General Consent for training purposes. In addition, I will maintain a written record of our session in our Electronic Health Record (Titanium) that is maintained on the KU server. The recordings will be saved to a protected server on the OneDrive that meets HIPAA guidelines. It will also be deleted after my supervisor has reviewed the session.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions and this supplemental consent OR let me know that you are verbally consenting to the procedures we just reviewed in this supplemental consent and it will be documented in your client record. A copy of the General Consent for Services and Informed Consent for Telepsychology are posted on our website if you need to review them.

Consent for telehealth via (Check all that apply): ☐ Telephone ☐ Zoom for Healthcare

Client name

Signature of Client/Guardian or Legal Representative

Date

Signature of Therapist

Date