

# Davis Consultants, P.C.

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## TELETHERAPY SERVICES INFORMED CONSENT FORM

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***As a supplement to our primary Informed Consent form this document contains important information regarding the provision of Teletherapy Services***

**Teletherapy** is a form of psychological service provided using interactive audiovisual electronic systems to facilitate remote face-to-face interaction between a treatment provider and a client who are not in the same physical location.

Teletherapy makes it possible for clients who otherwise might not be able to attend psychotherapy appointments (due to physical distance, financial limitations which make travel difficult or impossible, disability, illness, adverse weather conditions, etc.) to meet with a treatment provider and to potentially experience all therapeutic benefits which the client might experience if the client could meet with the psychotherapist in the same physical location.

**Client Requirements:** As a rule, Davis Consultants, PC, provides teletherapy services only to residents of the Montana. For most teletherapy sessions, the client will be located within the boundaries of the state of Montana. If, however, a client is vacationing or temporarily visiting outside of Montana, but remains a resident of Montana, teletherapy services can continue. If a client relocates and becomes a resident of another state or country, or if a client living in another state or country wishes to initiate teletherapy services with a Davis Consultants, PC provider, teletherapy services will be provided if it can be determined that such services do not appear to be in violation of any relevant Montana laws or regulations or in violation of any relevant laws or regulations relevant to the jurisdiction within which the client is residing.

Your provider may require that you meet with him or her in person on 1 or 2 occasions in person prior to proceeding with teletherapy sessions. Whether this is necessary will be decided on an individual basis by the provider.

Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or if it should become the case at some point in the future after initiating teletherapy services, it may be necessary to discontinue teletherapy services and to initiate in person services with your provider in the same physical location, or if that is not feasible, with a provider that you can meet with in your physical location.

**Technology Requirements:** You will need a device with Internet access and a camera and the ability to use that equipment in a private location. It is important that you use a secure internet connection rather than public/free WiFi. You will also need access to a phone in the same room in case any technical difficulties arise regarding the use of the videoconferencing software and equipment.

**Safety Plan & Emergency Contact:** In the event that you experience a mental health emergency during a teletherapy encounter, or at any other time, you can seek emergency evaluation and treatment services at:

- Missoula Providence St. Patrick Hospital Emergency Room
- Missoula Community Medical Center Emergency Room
- \_\_\_\_\_

Your Emergency Contact is: \_\_\_\_\_  
*Name Relationship Contact Numbers*

**Initials:** \_\_\_\_\_

**Our Teletherapy Service Provider and Efforts at Quality and Security:** We use SecureVideo.com as the vehicle for providing telepsychology services. SecureVideo.com provides a high level of telecommunication security and is compliant with federal regulations regarding confidentiality of Protected Health Information (PHI).

**Payment for Teletherapy Services:** You should confirm with your insurance company that video sessions will be reimbursed; if they are not, you are responsible for full payment.

**Risks and Rights and using Teletherapy:**

1. You have the right to withdraw your consent to participation in teletherapy services at any time. Doing so will not affect your right to further treatment.
2. Your therapist has the right, at any time, to determine if teletherapy sessions are not appropriate for your case. Should this be determined, your therapist will offer to continue with in person services in the same physical location or will provide referral information to other services more conveniently located to your home community.
3. The laws and professional standards that apply to regular psychological services also apply to teletherapy services.
4. There are exceptions to client confidentiality policies that exist for regular psychotherapy services. These exceptions also apply to teletherapy services. Please see our primary Informed Consent form for additional details regarding this issue.
5. Despite our best efforts to ensure secure videoconferencing technology, there is always a risk that the transmission may be breached and accessed by unauthorized persons.
6. Specific potential threats to the confidentiality of Personal Health Information (PHI) may include the activity of hackers, failure of security measures put in place by the videoconferencing vendor, flawed software, and malfunctioning or outdated technology.
7. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
8. There is a risk of being overheard by anyone near you if you do not place yourself in a private room. You, the client, are responsible for creating a comfortable, safe, and private environment on your in of the videoconferencing transmission. It our responsibility to do the same on our end.
9. Due to the nature of the teletherapy interaction, there may be quality differences that are experienced when compared to face-to-face services. Please provide feedback to your therapist should you find the quality of the videoconferencing transmission insufficient for your needs.
10. Davis Consultants, PC will not save a recording of a teletherapy session without your knowledge or consent.

I have read this document, understand and agree with it in its entirety, and consent to participate in teletherapy therapy encounters with Patrick Davis, PhD and/or Suzanne Richards, LCSW.

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Signature of Client

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Date

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Printed Name of Client

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