

REQUEST TO USE, INFORMED CONSENT, AND AGREEMENT REGARDING USE OF TELETHERAPY

In light of the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services permitting lessened HIPAA compliance for Teletherapy, Catholic Charities will begin implementing teletherapy to better serve its clients during this heightened time of need as a result of COVID-19 and social distancing.

Catholic Charities will not permit you to utilize teletherapy unless you execute this Informed Consent and Agreement Regarding Use of Teletherapy.

You MUST be a legal resident in the state of Indiana, as our therapists are not licensed to practice in other states and be physically in the state of Indiana during your scheduled appointment.

I, _____, hereby consent to engage in teletherapy with Catholic Charities. I understand that "teletherapy" includes consultation, treatment, telephone conversations, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my mental health information, both orally and visually.

I understand the following regarding my use of teletherapy with Catholic Charities:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, 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 child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable person (including self); and where I make my mental or emotional state an issue in a legal proceeding.
3. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Catholic Charities that: the transmission of my information could be disrupted or distorted by technical failures; the transmission in my information could be interrupted by unauthorized persons; and /or the discussion of my information could be overheard if not in a private setting.
4. I understand that I am responsible for (1) providing the necessary computer (or phone), telecommunications equipment, email address, and internet access for my teletherapy session, (2) the information security on my computer (or phone), (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session, and (4) initiating connection with my counselor at the time of my appointment.
5. I understand that teletherapy does not provide emergency services. During our initial phone call, my Catholic Charities Counselor 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. If I am having suicidal thoughts 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 also consent to Catholic Charities contacting my emergency contact (listed below) or 911 if determined a safety risk at the counselor's discretion.
6. I understand that I need to inform my emergency contact that they are listed as an emergency contact. If he/she does not agree, then I am responsible for determining another emergency contact

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and providing my counselor with his/her information. If my emergency contact changes at any time or for any reason, I am responsible for informing my counselor at the beginning of the session.

7. I understand that failure to comply with the terms of this Informed Consent may result in Catholic Charities terminating the teletherapy relationship.

I consent to the following regarding use of teletherapy by Catholic Charities:

I consent to utilize teletherapy through Catholic Charities' determined platform and consent to the use of teletherapy with Catholic Charities for purposes related to my counseling services based on my having read and understood the preceding paragraphs of this Informed Consent.

Payment for teletherapy

Catholic Charities will send out a billing statement monthly for teletherapy services. You have 30 days after receiving the statement to mail a check to: **610 E. Walnut St., Suite 220-A, Evansville, IN 47713.**

If you do not have access to a check, please notify your counselor and they will assist you in determining another option.

Patient consent to the use of teletherapy

I have read, understand, and agree with the information provided above regarding teletherapy, understand the risks and benefits relations to the use of teletherapy, have discussed it with my counselor, and have had all my questions answered to my satisfaction.

I have read this document carefully and services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

Printed name

Client Signature

Date

Emergency Contact Name

Relationship to Client

Emergency Contact Phone Number

Counselor Signature

Date