

TELEMEDICINE CONSENT FORM
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Teletherapy services (also known as teletherapy services or video-therapy) allow clients to engage in real-time video therapy in lieu of in-person appointments with their provider. This technology allows therapy services to continue even if coming to the office is not possible.

Please read the following information to get a better understanding of my teletherapy procedures:

- **What is teletherapy?**
 - Teletherapy includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I
- **How does teletherapy work?**
 - We will use a HIPAA compliant platform such as Facetime or Doxy.me, which will require access to a computer, webcam, and internet connection, or a smartphone or tablet with video functionality.
- **Is it secure?**
 - There may be some risks and consequences from using teletherapy, including but not limited to:
 - The transmission of my medical information could be disrupted or distorted by technical failures
 - The transmission of my medical information could be interrupted by unauthorized persons;
 - Teletherapy based services and care may not yield the same results nor be as complete as face-to-face service.
 - It is strongly recommended that you use a secure and password protected internet provider as will Dr. Schuneman.
 - Both Facetime and Doxy.me are private and confidential according to the regulations set out by HIPAA.
- **Do I have to use this service?**
 - No. It is preferable to see each other in person and you are in no way required or obligated to use teletherapy services. This is simply an option to enable us to have sessions remotely. We can also jointly decide to use a basic phone connection for therapy, but note that insurance—if applicable—typically does not cover audio-only therapy.
- **How much will it cost?**
 - A teletherapy visit will cost the same as a regular in-person visit. That means you will be responsible for any applicable copay, coinsurance, or out-of-pocket fees.
- **Will my insurance cover it?**
 - For most insurance plans, video-based teletherapy is covered as the equivalent of a regular visit. However, I recommend that you call your insurance company and check whether your plan reimburses for teletherapy visits as regular visits.

- **How often can I use teletherapy instead of in person sessions?**
 - This will be determined on a case-by-case basis, in a collaborative conversation between you and I. If teletherapy sessions are to be utilized, they will take place on the same day and at the same time as your usual in-person session, unless we determine otherwise.
- **How do I utilize teletherapy sessions?**
 - I will provide you with specific instructions with how to use Facetime or Doxy.me. Please make sure you have the necessary technical setup and a private, confidential space in which to use it. I recommend becoming comfortable with the software prior to our first session to minimize technical issues.
- **What are technical setup considerations for teletherapy?**
 - A laptop or desktop computer are ideal — preferably the biggest screen size that you have available in a comfortable, *confidential* space.
 - If you're using a tablet or phone, it is ideal to prop up the device so that it is stable and that the camera is about level with your eyes.
 - Try to make sure that you are well-lit and do not have a bright light source directly behind you.
 - Move your device as close as you can to your WiFi router (or even plug it into the router, if possible) so long as you are still in a private, *confidential* space.
 - It is advised that you close any programs on your device which use your internet connection and which you will not need during the session.
- **What should I consider when creating a confidential space to engage in teletherapy?**
 - Is the space *private*?
 - Is the space free of distractions?
 - Can you lock the door?
 - If not, will others who have access to the space respect your request for privacy and not enter the room?
 - Can others outside the room hear you talking?
 - If so, create white noise with a fan or other form of background noise, preferably placed outside the doorway of the room.
 - Consider using headphones or earbuds so that Dr. Schuneman's voice is kept private and is only audible to you.

Teletherapy Written Consent

This optional teletherapy consent form is an addendum to the informed consent form (called Consent for Treatment) that you already filled out and discussed with me in person during our first session. This form is in accordance with the requirements of the Arizona Board of Psychologist Examiners, the American Psychological Association, federal HIPAA requirements, and insurance guidelines. Please read it carefully, ask me any questions that arise, and sign below if you wish to have the option of utilizing teletherapy therapy sessions.

- I understand that the default mode for therapy with Dr. Schuneman is in person.
- The decision to use teletherapy in place of in person sessions will be made collaboratively between us based on considerations including but not limited to: health concerns, travel, lack of transportation, and your ability to secure and use the necessary video conferencing technology.
- I understand that sessions using video conferencing technology will not be exactly the same as an in-person session, due to the differences between remote and in-person interactions.
- I understand that there are alternatives to a video therapy session available (for example, I could temporarily find a different provider that I could see in-person, if available in my area).
- I understand that to have the best results with teletherapy, I need to be in a private, quiet place with no interruptions for the duration of each session.
- We agree to inform each other if another person is present during the session or if we are recording the session.
- I understand that there are risks and consequences from teletherapy, including but not limited to the possibilities that: transmission of my medical information could be disrupted or distorted by technical failures; transmission of my medical information could be interrupted by unauthorized persons; teletherapy based services and care may not yield the same results nor be as complete as face-to-face service due to the limitations and the innovative nature of using such technology to provide psychological services.
- I understand that Dr. Schuneman or I can discontinue the use of teletherapy during a session if it is felt that the videoconferencing connection is not adequate for the situation.
- I understand that the same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in-person session.
- I understand that if I receive a superbill for my in-person therapy sessions, it is my responsibility to determine if my insurance covers teletherapy sessions in the same way as in-person sessions.
- I understand that this consent will last for the duration of the relationship with Dr. Schuneman, including any additional video therapy sessions I may have. I can withdraw my consent for video therapy sessions at any time without affecting my right to future therapy.
- I understand that Dr. Schuneman may decide to terminate teletherapy services if she deems it inappropriate for me to continue therapy through video sessions.
- Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation or if Dr. Schuneman agrees that the cancelled session was due to circumstances beyond your control.
- Please identify an emergency contact that could provide *face-to-face* emergency assistance *in your geographical area during teletherapy sessions* in the event of a relevant crisis situation:

- Emergency contact that will be in your area during teletherapy sessions and could provide face to face assistance:_____

- Relationship to you: _____

- Contact's phone number: _____

- In the case of an emergency during a teletherapy session, do you give Dr. Schuneman permission to be in touch with the emergency contact above and discuss matters that are directly relevant to the emergency at hand?

- Yes
- No

- In the event of an emergency, I agree to contact someone (whether a personal connection or professional providers) who can provide relevant, in-person emergency services. For example, this could be a local friend to support you during a panic attack or paramedics during a medical emergency.

- Yes
- No

By signing this form, I certify:

- That I have read and processed the information in this form;
- That I fully understand its contents, including the risks and benefits of teletherapy therapy sessions;
- That I have been given the opportunity to ask questions, and that any questions have been answered to my satisfaction;
- That I agree to participate in teletherapy sessions with Dr. Schuneman, based on the procedures and guidelines outlined above.

Client Name	Signature	Date
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Dr. Courtney Schuneman _____

	Signature	Date
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