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## CONSENT TO PARTICIPATE IN TELETHERAPY SERVICES

Teletherapy is the use of electronic transmissions to treat the needs of a client. It is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Due to the delicate nature of this emerging technology, there are several pros and cons to keep in mind. While phone and video consultations allow for ease of access to specialists and the ability to receive personalized information and recommendations from the privacy of one's home or from a distance, it does not guarantee the same degree of connection and privacy as an in-person meeting. Further, it is important that both parties understand how to use the technology and take steps to ensure that privacy is protected as much as possible. Potential benefits of teletherapy may be that it is more convenient in terms of distance, scheduling constraints, or other circumstances. Currently, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located.

**\* I understand that the laws that protect the confidentiality of my medical information also apply to teletherapy. The guidelines and limitations of client confidentiality are discussed in detail in the informed consent, including the Colorado Notice Form. As such, there are exceptions to confidentiality, including, but not limited to: reporting child, elder, and vulnerable adult abuse; expressed threats of violence towards an ascertainable victim; and, where my mental state is an issue in a legal proceeding.**

I have read and understand this. I will clarify any questions I have about confidentiality with my psychologist as soon as they arise.

**\* I understand that there are risks of teletherapy including, but not limited to, the possibility, despite reasonable efforts on the part of my psychologist, that the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or, the electronic storage of my medical information could be accessed by unauthorized persons. Furthermore, there is the risk of being overheard by anyone near me if I do not place myself in a private area. We will agree to conduct sessions in an environment that is not subject to unexpected or unauthorized intrusion by a third party.**

I have read and understand this. I will do my best to protect my own information by using secure Internet connections and choosing private, appropriate settings for sessions as much as possible. I will not hold my psychologist liable for accidental transmission of information such as in the case of hacking.

**\* I understand that there are potential risks and benefits associated with therapy of any kind, including teletherapy, and that, despite my efforts and the efforts of my psychologist, my condition may not improve. I understand that results from therapy, including telehealth services, cannot be guaranteed or assured.**

I have read and understand this. I agree to make my own best efforts to engage in therapy and communicate any concerns that arise with my psychologist.

**\* I understand that I am responsible for providing the necessary technology and telecommunications equipment as well as Internet access for my services, taking reasonable steps to secure the information on my computer, and arranging a quiet, uninterrupted, private space to conduct sessions.**

I have read and understand this. I will do my best to take reasonable steps to provide a secure connection and private, uninterrupted space.

**\* I understand that while email and text messaging can be used to communicate with my psychologist, Internet, phone, and email security cannot be guaranteed. I understand that it is best to keep such exchanges of information to matters such as scheduling to avoid possible intrusions of privacy should reasonable security measures fail.**

I have read and understand this. I will be mindful of communication outside of session and keep phone calls and texting to business hours.

**\* I understand that billing will occur electronically and that insurance reimbursement is not available for this service. The fee for this service has been reviewed with me, and I agree to pay it in full.**

I have read and understand this. If concerns about billing arise, I will address them with my psychologist as soon as possible. I understand that services may need to be put on hold or terminated if session fees are not paid in full. In the case of sudden financial hardship, I will talk to my psychologist.

**\* While teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. I understand that teletherapy is not the same as face-to-face treatment. I accept the distinctions made using teletherapy vs. face-to-face psychotherapy. In particular, I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation or am otherwise in need of immediate help, I agree to call 911, go to the nearest hospital emergency room, or, in the case of thoughts of suicide/self-harm, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).**

I have read and understand this. I have taken note of the suicide hotline number and have an emergency contact to reach out to in case I am in need.

**\* I may experience discomfort with virtual sessions versus in-person treatment. Sometimes, there is more difficulty interpreting nonverbal communication and, importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. My psychologist will weigh the advantages of teletherapy against any potential risks prior to proceeding with teletherapy sessions. If my psychologist does not believe teletherapy is a**

reasonably safe option to pursue, I agree that my psychologist can discontinue teletherapy and either provide face-to-face services (if available) or a referral to a therapist who can see me face-to-face.

I have read and understand this.

**\* I am aware that my psychologist may contact the necessary authorities and/or my emergency contacts in case of an emergency. I also acknowledge that if I believe there is imminent harm to myself or another person, I will seek care immediately through the nearest hospital emergency department or by calling 911. I also agree to give my psychologist my location at the start of each telehealth session.**

○ Physician or psychiatrist name and telephone number(s)

○ Emergency contact name/relationship and telephone number(s)

I have read and understand this. I have provided emergency contact names and telephone numbers, which may be used by my psychologist in the case of an emergency. I will provide my physical location to my psychologist at the beginning of each telehealth session, and I will seek care if I am, or another person is, at imminent risk.

**\* I have read this document carefully and understand the risks and benefits of the use of telehealth. I have had any questions regarding the procedures explained. I hereby consent to participate in phone consultation under the terms described herein. I understand that I have the right to withdraw my consent to telehealth communications by providing written notification to my psychologist at any time. My signature below indicates that I have read this agreement and agree to its terms.**

Date of signature:

I consent to the terms above as indicated by my e-signature here. By checking this, I am eSigning this form.