

## Informed Consent for Teletherapy Health Services through the Clinical Psychology Center

The following information provides details about Teletherapy services that are being offered through the Clinical Psychology Center, utilizing Therapy Assistance Online (TAO), DOXY.ME, or another secure telehealth platform. Therapy Assistance Online (TAO) is a program used by the University of Pittsburgh Counseling Center (UCC) to support clients on their path to emotional wellness. Please read this document in its entirety.

### What is Teletherapy?

1. “Teletherapy”, also known as Telemental Health, is the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making. Teletherapy may include mental health care delivery, diagnosis, consultation, and psychotherapeutic treatment.
2. Teletherapy services will occur primarily through interactive audio, video, and/or telephone. If one form of technology fails in the course of a session, an alternate form of communication may be utilized by the counselor (e.g. phone).
3. Services delivered by CPC therapists are required by law to take place within the state in which they are licensed, i.e. Pennsylvania, except for a referral consultation. Teletherapy services may not be provided in international jurisdictions. I must notify my therapist if I am physically located outside Pennsylvania, the state in which my therapist’s supervisor is licensed to practice.

### What is TAO?

It may be helpful to think of TAO as a private online library of engaging, interactive programs to learn life skills and to help you bounce back from disappointments or stumbling blocks in life. As you watch videos and engage with interactive components, you’ll gain the knowledge, self-awareness, and skills you need to achieve your goals.

In collaboration with your therapist, you may use video conferencing, interactive programs, tools, and complete progress measures prior to, during and after your sessions.

### Technology and Location

I understand and agree to be responsible for the following:

- A device (phone, computer, etc.), headphones (strongly encouraged for privacy) and/or necessary telecommunications equipment and internet access for my teletherapy sessions.
- Private and password protected internet connection is strongly encouraged. Public or employer provided internet connection is not secure and confidentiality is not guaranteed.
- Arranging a location with enough lighting and privacy that is free from distractions or intrusions for my teletherapy sessions. When thinking of a space, you may want to consider who else is around and times that it may be best to do teletherapy.

### Communication Plan

During the first session, you and your therapist will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crisis. In addition to those plans, your provider has the following policies regarding communications:

- **The best way to contact your provider between sessions is to leave a message at 412-624-8822.** This line is checked from 9am-5pm Mondays through Fridays, and a clinic assistant will relay your message to your therapist. In the case of an emergency, urgent or crisis concern between sessions, please follow the Crisis Procedures outlined below.
- Your therapist will make best efforts respond to your messages within 24 business hours. Please note that your therapist will not respond at all on weekends or holidays. Your therapist may also respond sooner than stated in this policy. That does not mean they will always respond that quickly.
- Sessions are conducted primarily during our appointed sessions, which will generally occur during 9:00 am- 5:00 pm, Monday-Friday, with exception of some evenings.
- Contact between sessions should be limited to: Confirming or changing appointment times not for therapy.
- Your therapist may coordinate care with one or more of your other providers. This may include coordinating a telehealth call with the CPC psychiatrist to prescribe or adjust your medications. Your therapist is also supervised by a licensed psychologist, and thus may record some of your sessions for supervision purposes, or ask a supervisor to observe a session. Your therapist will let you know when this occurs. Your therapist will use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

## Confidentiality

I understand that if I opt to enroll in the TAO platform to engage in self-help or telemental health video sessions with my therapist, my TAO enrollment information will be accessible to the University Counseling Center (UCC) and Clinical Psychology Center (CPC) leadership teams. However, I understand that the UCC and CPC clinical staff maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective clinical services sometimes require sharing confidential information to ensure good clinical care. I understand that no records or information about me will be released from this system without my consent, except as permitted by law.

## Teletherapy Risks

There are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that:

- the transmission of my personal information could be disrupted or distorted by technical failures;
- cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery;
- internet connections and cloud services could cease working or become too unstable to use

Although it is well validated by research, service delivery via telemental health is not a good fit for every person. Your provider will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, your therapist will help you find in-person providers with whom to continue services. Please talk to your therapist if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the telemental health medium seems to be causing problems in receiving services. You have the right to stop receiving services telemental health services at any time without prejudice.

Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to your therapist is often a part of the process.

While I may benefit from telemental health, results cannot be guaranteed or assured. There are potential risks and benefits associated with any form of counseling, and despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

### Crisis Procedures

1. **EMERGENCIES AND DANGER.** I understand and accept that teletherapy is not intended for crisis/emergency services. **IF I AM EXPERIENCING A SITUATION WHERE DANGER IS IMMINENT OR A PSYCHOLOGICAL EMERGENCY THAT IS LIFE THREATENING AND IMMEDIATE HELP IS REQUIRED, I UNDERSTAND THAT I SHOULD GO TO MY LOCAL EMERGENCY ROOM OR CALL 911, or - IF IN ALLEGHENY COUNTY – THE RE:SOLVE CRISIS LINE AT 888-796-8226 ([re:solve Crisis Network](#)).**
  - I also understand that should I present to a telemental health session in acute crisis, my therapist may ask that their licensed psychologist supervisor join our virtual video session in order to evaluate my needs and develop an appropriate safety plan.
  
2. I may also contact other crisis resources:
  - [The National Suicide Prevention Lifeline](#) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Call 1-800-273-8255. (TTY – Dial 800-799-4889; Voice/Caption Phone – Dial 800-273-8255)
  - [The Crisis Text Line](#) is a free and confidential text message service for people in crisis 24/7. Text HOME to 741741.

### Support System

My consent to teletherapy services includes the identification of at least one personal contact that can be reached by the teletherapy therapist if there is any concern for my physical or emotional wellbeing. These contacts may be called upon to reach me or to alert local authorities in an emergency.

The contacts that I identify for this purpose, with accompanying consent for the teletherapy, grants therapist permission to contact one or all identified supports, if indicated, of my safety and wellbeing, are as follows:

1. a close personal contact (such as a family member or roommate) – WHO IS LOCAL TO YOU  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ [check:  cell /  landline]
  
2. a second personal contact (such as a family member) – WHO MAY OR MAY NOT BE LOCAL TO YOU  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ [check:  cell /  landline]
  
3. The office or Agency that does crisis well-being checks in your community (typically a 24-hour crisis service or the local police department).
  - Allegheny County - ReSolve **888-796-8226**
  - Alternate crisis service – specify \_\_\_\_\_

**Please Initial the following:**

1. I agree to work with my therapist to identify an alternative communication method (most often phone) if videoconferencing failure or technology challenges surface.

\_\_\_\_\_  
Initial

2. I agree to establish code words to use during the Telemental health session when my space is no longer confidential or safe to continue with the session

\_\_\_\_\_  
Initial

3. I agree not to record teletherapy sessions.

\_\_\_\_\_  
Initial

4. I agree to be dressed appropriately as if I were attending an in-person face to face session.

\_\_\_\_\_  
Initial

By signing below, I agree that I have been informed about, had an opportunity to ask and have all of my questions answered regarding the purpose, expectations, possible benefits, risks, and crisis procedures associated with CPC Telemental Health services through TAO-Therapy Assistance Online (including on-line treatment and video conferencing program) or another secure telehealth platform. Further, I consent for my information to be disclosed as outlined in this informed consent, and I agree to participate in the program. I am signing this informed consent voluntarily and freely without coercion.

\_\_\_\_\_  
Signature of Person Consenting to Treatment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness: Signature CPC therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name