



INFORMED CONSENT ADDENDUM
FOR ONLINE/PHONE THERAPY SERVICES
ESU#2 Team ACCESS Mental Health Services and Supports

This form is designed to allow you to give informed consent for the use of video technology for online therapy. Read it thoroughly for understanding and ensure all of your questions are answered before signing to give consent.

This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services.

Online therapy or teletherapy is defined as the use of technology to have a therapy session. Team ACCESS will utilize a FERPA-compliant platform (such as Zoom, Microsoft Teams, or Simple Practice). These platforms use video and audio technology through a webcam on your device or a school device and a Team ACCESS device to connect the two parties securely. Any data stored outside the telehealth platform (such as documents, messages, or progress notes) meets or exceeds all FERPA guidelines.

The benefits of teletherapy include the convenience of location, time, wait times, and accessibility, which allows for better continuity of care. In addition, teletherapy allows for greater accessibility to services for clients with limited mobility or with lack of transportation.

With all technology, there are also some limitations. Technology may occasionally fail before or during our session. The problems may be related to internet connectivity, difficulties with hardware, software, equipment, and/or services supplied by a third party. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video, the therapist will either use the in-session video chat to troubleshoot or will call you back to complete the session.

In the context of telehealth sessions conducted within the school environment, it is essential that the student, school administrator or counselor, and therapist collaboratively establish a confidential and secure framework for the therapeutic interaction. Following the conclusion of each session, a designated school official will engage with the student to ensure understanding and address any necessary follow-up support. This process is designed to maintain the integrity of the therapeutic experience while ensuring the student's well-being is prioritized.

Please list your:

Main number: _____

Alternate number here: _____

If, for any reason, we are unable to connect and you or your minor child are in an immediate crisis or a potentially life-threatening situation, get immediate emergency assistance by calling 911.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON THE DEVICE BEING USED FOR THESE SERVICES AND IN MY OWN PHYSICAL LOCATION.

I understand I am solely responsible for maintaining the strict confidentiality of the user ID and password and/or weblink and not allowing another person to use the user ID to access the Services. I also understand that I am responsible for ensuring the use of this technology in a secure and private location so that others cannot hear the conversation.

For caregivers/guardians of minor clients, I confirm that I will provide my minor child with as much privacy as possible to include offering the use of headphones and a private space within the home to ensure that only the client is able to hear the content of the session. If headphones are not available, I agree that I will remain in the home and give my child privacy while he/she is in session.

At the beginning of each session, I will provide the address of my physical location to the clinician to ensure that emergency professionals can help if needed. As a legal guardian/caregiver to a minor client, I confirm I will remain physically available to the client receiving treatment.

I understand that Team ACCESS clinicians may only provide services in the states in which they are supervised by a licensed professional in said state and I attest that when accessing services, I will physically be in said state for the duration of the session.

I acknowledge that no recordings of any online sessions will be made by either myself or the clinician apart from instances where student interns require video recording for educational supervision purposes. I understand that all information shared during these sessions, as well as any written records related to them, will be treated as confidential and will not be disclosed to any third party without my explicit written consent, except where disclosure is mandated by law.

Furthermore, I recognize that the use of recordings, screenshots, or any similar actions during sessions is strictly prohibited. Engaging in such activities may result in the termination of the client-therapist relationship. Thank you for ensuring a safe and respectful therapeutic environment.

Consent to Treatment

I voluntarily agree to authorize online therapy services for an assessment, continued care, treatment, or other services and authorize MHPP to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of care, treatment, or services and that consent may be withdrawn for such care, treatment, or services that I receive through MHPP at any time. I understand Team ACCESS will determine on an on- going basis whether the condition being assessed and/or treated is appropriate for online therapy.

By signing this Informed Consent, I, the undersigned client and/or client's legal representative, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunities have been offered to me to ask questions and seek clarification of anything unclear to me.

Client Name (Printed)

Client DOB

Parent, Guardian, or Legal Representative Signature
(if minor or needed otherwise)

Date

Clinician Signature and States Legally Able to Provide Services In

Date

