



DEEP EDDY

psychotherapy, PLLC

DEEP EDDY PSYCHOTHERAPY TELETHERAPY SERVICES AGREEMENT AND INFORMED CONSENT

1. Teletherapy, by definition, is the delivery of therapeutic services by which the therapist and client are not within the same physical location. This includes, but is not limited to, Web Cam sessions, telephone conversations, e-mails, text messages, or any communication involving the internet as a medium. Deep Eddy Psychotherapy (DEP) — as well as many insurance companies — require the teletherapy to occur via phone or Web Cam to qualify as a therapy session.
2. Unless I, the therapist, and you, the client, explicitly agree, our teletherapy exchange is confidential. Any information you disclose to me is held in the strictest confidence. Please note that the same limitations of confidentiality listed in the DEP Client Informed Consent document apply to teletherapy.
3. I am legally and ethically able to provide teletherapy within the state of Texas when I deem it clinically appropriate and when you agree to it as a therapeutic option. This teletherapy is governed by Texas laws and the regulations of my licensing board. It is the responsibility of you, the client, to inform me in advance if you will **not be in Texas** for your session. When you are physically in another state or country, I am required to also comply with the laws and professional licensure requirements of that state or country, which means, I cannot guarantee you teletherapy when you are out of Texas. To avoid a late-cancellation or a no-show fee, please let me know at least 48 hours in advance if you will be out of Texas for your session. To try to arrange teletherapy for future sessions when you will be out of Texas, please talk to me at least two weeks in advance during one of our sessions, and we can, on a case-by-case basis, see if teletherapy will be possible in your location. Ultimately, I will defer to the laws and regulations of my professional board in both Texas and your travel location as well as my clinical judgement to determine if teletherapy is viable, ethical, and appropriate.
4. It is your right to discontinue therapy services and/or teletherapy services at any time. It is also within the rights of the therapist to discontinue therapy or teletherapy if therapist feels it is in your best interests.
5. Teletherapy should not be confused with face to face therapy, as it has the following restrictions: it is possible a 3rd party within your environment, or the therapist's environment, to overhear the conversations being conducted. In addition, a 3rd party could hack ("man in the middle attack") and overhear or see the session as it is being conducted. Any documents or text messages could be obtained by a 3rd party. Viruses,

Trojans, Worms, and other programs could reside on the client's or the therapist's computers which could send private information to a third party. Due to these risks, it is important to maintain appropriate security measures. Firewalls, up to date virus scanners, and a regularly updated operating system will help reduce the likelihood of a data breach, however no method is 100% secure. By signing this form, you, the client, acknowledge these risks.

6. It is your responsibility to provide your own equipment in order to conduct the teletherapy session. This includes a phone, computer, or tablet, with a webcam or camera built into the device, and Internet access to conduct the session. It is my responsibility to provide similar equipment in my environment.
7. It is your responsibility to make sure the environment chosen to conduct the teletherapy session is as private as possible. In this environment, it is your responsibility to keep distractions to a minimum. In addition, it is your responsibility to protect confidential information within their own environment (prevent anyone from listening in to the session from someone else in the home). It is my responsibility to do the same in my environment.
8. Video-Teletherapy sessions are typically conducted via Doxy, a HIPAA-Compliant Videoconferencing software. Doxy provide encryption and protects patient data via HIPAA, which is why it is chosen over Skype or other alternatives. I will provide instructions on how to use Doxy. Teletherapy does not provide emergency services. If you are experiencing an emergency situation, call 911 or proceed to the nearest hospital emergency room for help, or contact your psychiatrist. If you are having suicidal thoughts, contact the National Suicide Prevention Lifeline at: 1-800-273-8255.
9. You have the right to request face to face counseling instead of teletherapy, as long as you can physically travel to the therapist's office and agree to meet the schedule of the therapist.
10. Clients have a right to access their medical information and copies of medical records in accordance with HIPAA privacy rules, and the rules of the therapist's licensing board.
11. By signing this form, I am agreeing to pay DEP the full cost of my session. I acknowledge that teletherapy sessions are billed at the same rate as in-person sessions.
12. You, as the client, have a right to file a board complaint. You also have a right to verify my license online. I am licensed as a _____ in the state of Texas and my license number is _____.
 - **For Licensed Professional Counselors:**
 - To Make a Board Complaint: Call 1-800-942-5540 or visit https://www.dshs.texas.gov/counselor/lpc_complaint.shtm.
 - To Verify a License: Visit https://www.dshs.texas.gov/counselor/lpc_search.shtm

- **For Licensed Marriage and Family Therapists:**
 - To Make a Board Complaint: Call 1-800-942-5540 or visit https://www.dshs.texas.gov/mft/mft_complaint.shtm.
 - To Verify a License: Visit https://www.dshs.texas.gov/mft/mft_search.shtm
- **For Social Workers:**
 - To Make a Board Complaint: Call 1-800-942-5540 or visit https://www.dshs.texas.gov/socialwork/sw_complaint.shtm.
 - To Verify a License: https://www.dshs.texas.gov/socialwork/sw_search.shtm
- **For Psychologists:**
 - To Make a Board Complaint: Call 1-800-821-3205 or visit <https://www.tsbep.texas.gov/how-to-file-a-complaint-enforcement>.
 - To Verify a License: Call 512-305-7700 or visit <https://vo.licensing.hpc.texas.gov/datamart/selfSearchType.do>

By signing this form, you agree to have read, understand, and agree to the information presented above:

Patient's Name Printed: _____ Date: _____

Printed Name of Legal Guardian (*if applicable*): _____

Signature of Patient or Legal Guardian: _____