

Allied Behavioral Health

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I hereby consent to engage in teletherapy with my therapist at Allied Behavioral Health, Inc. . I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications.

I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general Informed Consent document that I have received from my Therapist, read and signed.

3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my Therapist, 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. These risks are offset by my therapist’s use of a HIPPA-compliant service which is encrypted for video telemental health communications.

4. I understand that teletherapy based services and care may not be as complete as face- to-face services. I also understand that if my Therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated

with any form of psychotherapy, and that despite my efforts and the efforts of my psychologist, my condition may not be improve, and in some cases may even get worse.

5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

6. I accept that teletherapy does not provide emergency services. During our first session, my Therapist and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. Additional Emergency Services establishments are also discussed in detail in the general Informed Consent document that I have received from my Therapist, read and signed.

7. I understand that I am responsible for :

- (a) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions;
- (b) the information security on my computer; and
- (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

8. I understand that regardless of my physical location, our Teletherapy occurs in the State of Delaware, (USA), and is governed by the laws of that state. In a manner of speaking, I use modality to visit my Therapist in her/his office in Delaware; where I meet for our therapy sessions.

9. I understand that while email may be used to communicate with my Therapist, confidentiality of emails cannot be guaranteed.

10. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

I have read, understand and agree to the information provided above.

Signature

Date

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