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TELETHERAPY INFORMED CONSENT FOR ADULTS

1. The agreed upon therapeutic means of communication between client and the mental health professional (i.e. when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
2. Implementing written consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.; State Board of Psychologist Examiners Policies 7.
3. Ensuring the that therapeutic means of communication includes confidentiality and computer/cyber security.
4. Determining the basis and ability for the mental health professional to support the rationale for the decision to choose a particular therapeutic method.
5. Ensuring that the mental health professional is practicing within his/her scope of practice.
6. Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.
7. The mental health professional may encounter specific challenges while providing psychotherapy through electronic means. The mental health professional must realize that these challenges may include, but are not limited to:
 - a. Verifying the identity of the client and determining if they are a minor;
 - b. Providing the client with procedures for alternative modes of communication when there is a possible technology failure;
 - c. Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
 - d. Assessing how to address crisis intervention when necessary;
 - e. Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
 - f. Establishing a means to retain and preserve data;
 - g. Upon request, have the ability to capture and provide client treatment notes, summaries, or other information that is received via the electronic technology;
 - h. Disclosing that health insurance coverage may not exist for psychotherapy.
 - i. service that is provided through technological means.

Disclaimer

This policy applies only to Mental Health professionals listed, certified, registered, or licensed, and treating clients within the State of Colorado.

I have read the preceding information and understand my rights as a client.

Print Client's Name _____

Client's Signature _____ Date _____