



Additional Informed Consent for eTherapy

This document contains important information about Ocheater Psychological Services, LLC (OPS) professional services as they relate to eTherapy. Please read it carefully. It notifies you of additional rights and responsibilities related to eTherapy and will represent an agreement between us, unless it is amended or terminated in writing. The information contained in this document is in addition to, and does not take the place of, the Client Services Agreement.

I hereby consent to engaging in eTherapy (otherwise known as distance or online therapy, telemedicine, telemental health) with OPS as part of my psychotherapy. I understand that “eTherapy” includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or other data communications. I understand that eTherapy also involves the communication of my medical/mental health information, both orally and visually, to health care practitioners.

I understand that I have the following additional rights and responsibilities with respect to eTherapy:

1. I have the right to withhold or withdraw consent to eTherapy at any time, as long as it is in writing, without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my medical information also apply to eTherapy and are outlined in the OPS Client Services Agreement.
3. I understand that there may be unique risks and consequences from eTherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. I understand that my sessions are not routinely recorded by OPS and protected health information transmitted electronically from OPS is encrypted. No unauthorized persons will be included in my video sessions without my prior written consent. In addition, I take full responsibility for the security of treatment records on my own computer and in my own physical location. As such, I will not record my sessions with my therapist nor will I include unauthorized persons in my sessions without my therapist’s prior written consent. I understand OPS will not be held liable for any breach of confidentiality regarding electronic or paper records taking place on my end.

5. I understand that eTherapy based services and care may not be as complete as on-site services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. on-site services) I will be offered such services or referred to a provider who can provide such services. I understand that as with any type of therapy, the outcome of eTherapy cannot be guaranteed or assured.
6. I understand that OPS does not accept insurance assignment for eTherapy as it is not routinely covered at this time. Therefore, payment for eTherapy is to be made in full at least 24 hours prior to beginning each therapy session. As such, OPS will bill my credit card 24 hours prior to my scheduled appointment time and missed appointments and late cancellations will be charged the full fee. No refunds will be provided for missed appointments and late cancellations. eTherapy is subject to the same fee schedule as on-site therapy sessions per the Client Services Agreement
7. I understand that I have a right to access my eTherapy related medical information and copies of medical records in accordance with Kansas or Missouri law (see Client Services Agreement).

I have read and understand the information provided above. I understand that this eTherapy Consent Form is in addition to, and does not take the place of, the Client Services Agreement I was given along with my other initial assessment documents.

Name (please print)

Signature

Date