



311 W. High Street  
Elkhart, IN 46515  
Phone (574) 262-3597  
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## CONSENT TO ZOOM TELETHERAPY

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Hereafter, the terms “CENTER”, “we”, “us”, “our”, “Therapist” refer to the **Samaritan Health and Living Center** and the terms “you” and “yours” refer to the client identified above.

**Zoom Teletherapy** involves the delivery of individual and group therapy using electronic communications, information technology or other means between a mental health therapist employed by or otherwise contracted with the Center (“**Therapist**”) and a client who is not in the same physical location. Zoom Teletherapy may be used for clinical diagnostic impression, treatment, follow-up and/or education, and may include, but is not limited to:

- Electronic transmission of clinical records, photo images, personal health information or other data between a member and a Therapist;
- Interactions between a client and Therapist via audio, video and/or data communications; and
- Use of output data from clinical devices, sound and video files.

We have chosen Zoom as the vendor of the electronic system used in the provision of teletherapy. Zoom has represented that it incorporates industry standard network and software security protocols to protect the privacy and security of health information.

### Possible Benefits of Zoom Teletherapy

- Can be easier and more efficient for you to access clinical care and treatment from a Therapist.
- You can obtain clinical care and treatment at times that are convenient for you.
- You can interact with a Therapist during your scheduled appointment time without the necessity of meeting in-office.

### Possible Risks of Zoom Teletherapy

- Information transmitted to your Therapist may not be sufficient to allow for appropriate clinical decision-making by the Therapist.
- The inability of your Therapist to conduct certain assessments in-person may in some cases prevent the Therapist from providing a diagnostic impression, treatment plan, or identifying the need for emergency clinical care or treatment for you.
- Your Therapist may not be able to provide clinical treatment for your particular condition via Zoom Teletherapy and you may be required to seek alternative care.
- Delays in clinical evaluation/treatment could occur due to failures of the video technology.
- Security protocols or safeguards could fail causing a breach of privacy.
- Given regulatory requirements in certain jurisdictions, your Therapist’s treatment options may be limited.



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### **Electronic Communications**

- To use Zoom, you may download their software for free. Depending on how you access Zoom (Wifi, Cellular Data, etc), there may be fees for data use/overuse. Clients are solely responsible for these costs and also any cost to obtain the necessary equipment or accessories to take part in Zoom Teletherapy.

### **Emergencies and Technology**

- Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in person therapy. To address some of these difficulties, we ask to at least have one emergency contact person on record before engaging in teletherapy services with the Center. At the bottom of this form is a place to identify an emergency contact person who is near your location and who Therapist will only contact in the event of a crisis or emergency to assist in addressing the situation. Also, if you are in crisis and teletherapy is disconnected in any way, please do not call back, instead call 911.
- If the session is interrupted and it is not an emergency situation, disconnect from the session and Therapist will wait three (3) minutes and then re-contact you via Zoom or phone.

### **Fees**

- The Center will bill a client's insurance for teletherapy services when these services have been determined to be covered by your insurance plan. It can also be helpful for you to call your insurance company to double-check on coverage for teletherapy services. The standard co-pay and/or deductibles would apply. The Center's rates for services still apply to teletherapy.
- Fee assistance will also operate in the same way as in-person therapy. Please let your Therapist know if therapy (especially during this time of the pandemic) is financially straining. The Center wants to do what it can to help in this way.
- Regulations and requirements on reimbursements for therapy are changing daily as of March 2020. Samaritan Center will do its best to work with your insurance company to receive reimbursement for teletherapy services. But if your insurance, HMO, third-party payor, or other managed care provider does not cover the services, you will be solely responsible for the entire fee of the session.

### **By accepting this Consent to Zoom Teletherapy, you acknowledge your understanding and agreement to the following:**

1. I understand that the delivery of health care services via Zoom Teletherapy is an evolving field and that the use of Zoom Teletherapy in my clinical care and treatment may include uses of technology not specifically described in this consent.
2. I understand that while the use of Zoom Teletherapy may provide potential benefits to me, as with any clinical care service no such benefits or specific results can be guaranteed. My condition may not be cured or improved, and in some cases, may get worse.
3. It is my duty to inform my Therapist of other in-person or electronic interactions regarding my care that I may have with other health care/medical agencies.



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4. I understand that my Therapist may determine in his or her sole discretion that my condition is not suitable for treatment using Zoom Teletherapy, and that I may need to seek clinical care and treatment in-person or from an alternative source.
5. A variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My Therapist has explained the alternatives to my satisfaction.
6. I understand that the same confidentiality and privacy protections that apply to my other health care services also apply to these Zoom Teletherapy services.
7. I agree and authorize my Therapist and Center to share information regarding my Zoom Teletherapy with other individuals/agencies for treatment, payment, and health care operations purposes as allowed by law.
8. I understand that I can withhold or withdraw my consent at any time by emailing or providing other such written notification to my Therapist with such instruction, without affecting my right to future care or treatment. Otherwise, this consent will be considered renewed upon each new Zoom Teletherapy consultation with my Therapist.

### CLIENT CONSENT TO THE USE OF ZOOM TELETHERAPY:

I have read this special Consent to Zoom Teletherapy carefully and understand the risks and benefits of the use of Zoom Teletherapy in the course of my treatment. I have discussed it with my Therapist, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Zoom Teletherapy in my therapeutic care.

I hereby authorize Therapist to use Zoom Teletherapy in the course of my treatment.

**Signature of Client** (or legal guardian): \_\_\_\_\_ **Date:** \_\_\_\_\_

If authorized signer, relationship to client: \_\_\_\_\_

**Name of Emergency Contact & Relation to you:**

(please name someone who will be relatively close to your location during therapy)

\_\_\_\_\_

**Phone Number of Emergency Contact:**

\_\_\_\_\_