

# Dr. Aaron Goldner's Teletherapy Consent Form

Aaron Goldner Psy. D., LP PLLC

950 East Maple Road, Suite 214, Birmingham, MI 48009 -- Phone: 248-894-4935 – Email: [DrG@Aarongoldner.com](mailto:DrG@Aarongoldner.com)

This form explains the key factors of Teletherapy (aka Online Therapy) and obtains informed consent for a patient to engage in Teletherapy. Teletherapy is defined as therapy done over the phone or “online” (audio and video through a computer, tablet, phone).

**1. Online Teletherapy services are provided through the Doxy.me website.** This site is encrypted, does not store patient information, and states that their electronic channel is secure, with provisions for privacy and security, and includes encryption, in accordance with HIPAA guidelines. **Phone teletherapy services for a client are provided by your phone service provider.** Dr. Goldner's phone encryption is provided by his phone and telephone service provider.

**2. Authentication of the identity of correspondent(s) in electronic communication,** that the person speaking to Dr. Goldner is the actual client, is confirmed through audio and visual means (Dr. Goldner seeing and hearing the client). This confirmation ensures that recipients of information are authorized to receive it.

**3. The patient's informed consent to participate in the teletherapy session must be obtained through this form.**

**Appropriate expectations.** Teletherapy involves similar experiences to in-person therapy but is not 100% the same. Clients should expect to come for regular in-person sessions. However, if they are unable to do so, for example, in the incident of a pandemic, then Teletherapy can provide ongoing care and psychological services.

**Disclaimers.** Dr. Goldner cannot guarantee that technology will provide 100% signal transmission. Technical problems may occur during treatment that may interrupt the delivery of services.

**Service terms.** All service terms are the same for seeing Dr. Aaron Goldner in person per the intake paperwork signed at the outset of treatment.

**Fees.** Clients who pay a cash rate pay the same rate for Dr. Goldner's teletherapy services. BCBS of Michigan is reported to allow Dr. Goldner to bill for online services at the same rate as in-person services. Other insurance providers may or may not allow clients to use their psychotherapy or behavioral medicine benefits to pay for online services. It is the responsibility of the client to contact their insurance provider to confirm that their insurance plan benefits cover outpatient teletherapy or online therapy. Patient's (or their parents/guardians if the client is a minor) are responsible for all fees incurred even if their insurance company does not allow the use of their insurance benefits for online teletherapy.

**Expectations for appropriate use:** Dr. Goldner expects that online teletherapy sessions are not listened in on by family members, friends or others. Sessions should not be recorded by clients (or their parents/guardians). This is to ensure privacy and confidentiality.

**Guidelines and protocols.** Dr. Goldner will initiate the Teletherapy service either by calling the client in the case of phone use, or via text or email for online teletherapy. When the client clicks on the link provided, it will launch the teletherapy session. NO client information is stored on the website used. The client DOES NOT need to make an account or give ANY identifying information.

**Avoiding emergency use.** Teletherapy is NOT intended for emergency medical services. Emergency treatment requires visiting a hospital, emergency room or other emergency service provider.

**Heightened consideration of use for highly sensitive medical topics relevant to privacy issues.** It is incumbent upon the patient, or the minor patient's parents or guardians, to ensure that Teletherapy takes place in a private room, preferably a household, where others in the immediate area CANNOT overhear the content of the session. Sessions should not take place in living rooms, kitchens or other high traffic locations. Teletherapy cannot continue if it becomes evident that others can overhear the client's session. Teletherapy cannot take place if the client is in a public location such as a school or mall.

**4. The name and patient identification number** will be contained in the body of any online message involved in initiating your teletherapy session, when applicable. A standard block of text will also be contained in the provider's responses or messages that contains the physician's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies.

**5. A record of online communications** descriptive of the online visit will be made available to the patient if requested.

By signing this form, I acknowledge and agree to the expectations, disclaimers and terms of service described on this form. I further affirm that I understand and will abide by these terms.

## **If client is an adult**

Client Name (print): \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **If client is a minor**

Parent name 1 (please print): \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent name 2 (please print): \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_