

## TELE-BEHAVIORAL INFORMED CONSENT

As a client receiving psychological services through tele-behavioral methods, I understand:

1. This service is provided through technology (including but not limited to video, telephone, text, and e-mail) and may not involve direct in-office communication. There are benefits and limitations to this service. I need to be able to use the appropriate technology to participate in the service provided. Exchange of information and paperwork will be through electronic means or by postal service.
2. If a need for face to face services arises, it is my responsibility to contact Mass Bay Counseling for an appointment or obtain emergency services as described below (#5). I understand an appointment may not be immediately available.
3. I may decline any tele-behavioral services at any time without jeopardizing my access to future care, services, and benefits.
4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My therapist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
5. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
  - a. In emergency situations, call (617) 786-0137 and dial extension 8 for the answering service or go to your local hospital emergency room.
  - b. Should service be disrupted, your therapist will call you back on your telephone line.
  - c. For other communication, please call the main office at (617) 786-0137 and leave a message.
6. The tele-behavioral sessions will not be recorded in any way unless both parties agree in writing. The therapist will maintain a record of the sessions the same way as in-person visits.
7. This agreement is a supplement to the Client Treatment Agreement that was signed at the initial visit and does not amend any of the terms of the agreement.

Client Name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Mass Bay Counseling: \_\_\_\_\_ Date: \_\_\_\_\_