

**Informed Consent – Teletherapy/Telehealth
University of Maryland Health Center
Behavioral Health Service**

Client/Patient Name: _____

UID No.: _____

This document is an addendum to the University of Maryland Health Center Behavioral Health Service's Consent for Medication/Therapy. This form covers the use of telehealth/teletherapy services.

Teletherapy is an option for conducting remote sessions over the internet where you will be able to speak to and see your therapist/medication prescriber(s) on a screen. Teletherapy means the use of interactive audio, video, or other telecommunications or electronic media by a therapist/medication prescriber(s) to deliver services. Teletherapy does not include an audio-only conversation between the therapist/medication prescriber(s) and the client, an electronic email message between the therapist/medication prescriber(s) and the client, or a text message or other type of message sent between the therapist/medication prescriber(s) and the client.

Should the University experience disruption of services-as-usual at the university due to COVID 19 closures, The Behavioral Health Service will do our best to continue offering teletherapy services. The decision to offer teletherapy will be made by your therapist/medication prescriber(s) and their supervisor, based on client's needs, and will be reevaluated as necessary. In situations in which the therapist/medication prescriber(s) and their supervisor determine that teletherapy is not recommended, your therapist/medication prescriber(s) will assist you in identifying appropriate alternative services, including in-person options. At the time of your teletherapy session(s), you or your therapist/medication prescriber(s) will be located in the State of Maryland.

At the Behavioral Health Service, we use Zoom, a secure video-conferencing platform approved by the University of Maryland. In keeping with privacy laws and regulations that apply to the Behavioral Health Service, your therapist/medication prescriber(s) will continue to follow the Behavioral Health Service procedures for record-keeping and all records will be discarded as required by applicable law.

In case teletherapy becomes an option of service for you, your therapist/medication prescriber(s) will give you detailed directions regarding how to log in securely and proceed. The Behavioral Health Service strongly suggests that you only communicate through a computer or device that you know is safe (*e.g.*, has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Your therapist/medication prescriber(s) will be using secure electronic medium in a private location.

You understand that the implementation of teletherapy is innovative at the University, as such, the Behavioral Health Service may experience some challenges. Although teletherapy offers the advantage of continuation of care when in-person services are not possible, there could be some limitations to teletherapy including but not limited to technological failure and miscommunication. Your therapist/medication prescriber(s) will provide you instructions on how to proceed in each of those situations and will discuss such instructions with you. You are responsible for securing privacy in terms of the location where you will connect to the session. You will not be charged any late or cancellation fees if cancelling due to illness.

Patient's Current Address: _____

Patient's telephone number: Mobile _____; Home _____

Please provide the name of an emergency contact person who I may
Contact on your behalf (in a life-threatening emergency only). Please enter this person's
name and contact information below:

Name and relationship of emergency contact person:

Emergency contact person's phone number: _____

In case of an emergency, please go to your nearest hospital or dial 911.

**By signing this document, you consent to participating in teletherapy and sharing information
provided here as necessary in an emergency.**

UMD Health Center Behavioral Health Service Informed Consent for Teletherapy

I, _____, consent to teletherapy sessions.

Client/Patient Signature*

Date

Practitioner Signature

Date

Supervisor Signature

Date

*This consent may be signed in several counterparts and all counterparts, combined, shall constitute a
valid consent even though all parties have not signed the same counterpart.