



THE CENTER FOR COGNITIVE THERAPY

TELETHERAPY SERVICES AGREEMENT

Below is important information about my professional services and business policies as they apply to participating in teletherapy. By signing this form, you are agreeing to the terms and policies explained below. You can always discuss any questions or concerns about these policies with me.

For the Center for Cognitive Therapy and Assessment's full *Services Agreement*, please refer to your original, in-person therapy, consent form. The information provided below is meant to be used as an addendum for teletherapy clients only.

WHY TELETHERAPY?

I value providing effective and accessible services. While I always prefer to meet with you in person, exceptions can be made when access to recommended psychotherapy services would otherwise be limited or unavailable. Teletherapy is not appropriate for all clients. Should I determine it is no longer an effective or useful form of treatment for you, we will discuss and pursue alternative options. Similarly, if you find it difficult to use teletherapy services to the full extent, I encourage you to discuss this with me.

WHAT MAKES TELETHERAPY APPROPRIATE FOR CLIENTS?

Teletherapy is contraindicated if you have current or recent suicidal ideation or self-harming thoughts, as in-person sessions are crucial to safety planning and risk assessment. Should you begin having suicidal thoughts or engaging in increased risky behavior, I reserve the right to require in-person sessions for continued treatment.

MEETINGS

As with in-person sessions, I will reserve a weekly, 45-minute session at a time we agree on. Session length and frequency can vary based on our discussion of your needs. It is highly recommended that you use a comfortable, quiet, and private setting for teletherapy sessions. Should we experience technological problems, we can decide together to reschedule or to complete our session over the phone without video conferencing.

EMERGENCIES

If you experience a life-threatening or other medical emergency, you should immediately call 911 or go to the nearest hospital emergency room, then contact me. For all other urgent situations, you may call my number listed below and leave a message if I do not answer. I monitor my urgent number 24/7 and try to return urgent calls within an hour. If you do not hear back from me within that time, call and leave another message. Please note that calls after business hours should be reserved for situations that cannot wait until the morning.

INSURANCE REIMBURSEMENT

As with in-person sessions, I will provide you with a statement at the end of each month with all information typically required by insurance companies for reimbursement. Please be aware that some insurance companies will not cover teletherapy services. Since CCTA is an out-of-network provider, you are ultimately responsible for filing claims with your insurance company, although I am happy to assist you to the best of my knowledge.

TELECOMMUNICATION LIMITS ON CONFIDENTIALITY

The website I will use for video teletherapy is intended for use by telehealth professions; it is encrypted and confidential. That said, there are risks involved with telehealth, including the potential release of private information due to complexities with the internet or viruses. It is our shared responsibility to create an environment for teletherapy services that, to the best of our abilities, is not subject to any unauthorized release of your personal information.

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Please discuss with me any questions or concerns about the information in this form. Your signature below indicates you have read the information above and agree to abide by its terms during our professional relationship.

(Print Name of Client)

(Date)

(Signature of Client - if 18 years or older)

(Date)

(Signature of Parent/Guardian - for clients under 18)

(Date)