



Marriage and Family Therapist License #45128

INFORMED CONSENT FOR TELETHERAPY

Introduction

This agreement is intended to provide clients with important information regarding my professional services and business policies. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it.

Therapist Background and Qualifications

I am a Ph.D. (Clinical Psychology) level, psychotherapist and licensed Marriage and Family Therapist with the State of California Board of Behavioral Sciences (BBS) practicing psychodynamic psychotherapy with an emphasis on Object Relations and Self-Psychology. I am a member of the California Association of Marriage and Family Therapists (CAMFT); as well as a member of several psychoanalytic societies in Los Angeles. I also am a member of the Center for Mindfulness and Psychotherapy Group that emphasizes a Buddhist philosophy and meditation when practicing psychotherapy. I am trained in TRM (Trauma Resilience Model), EMDR I, II, Attachment Theory/Therapy, Relapse Prevention/Motivational Interviewing/Harm Reduction models for addiction and alcoholism and 12 step philosophy, CBT, and Life Coaching. I am also a LEVEL II trained PACT therapist for couples therapy.

Risks and Benefits of Therapy

Psychotherapy is a process in which we discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so you can experience your life more fully. It provides you with an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times when I challenge your perceptions and assumptions and offer different perspectives. The issues you present may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

In the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. I am available to discuss any concerns you have regarding your progress in therapy.

Confidentiality

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except when required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.



Client Name: _____
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Records and Record-Keeping

I do not take notes during sessions, but I may produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves your confidentiality.

Fees and Fee Arrangements

You are expected to pay for services at the time of our session unless other arrangements are made in advance (business managers, monthly payments). A Credit Card Pre-authorization form will be required prior to your session. You will be charged in full for, no-show or missed sessions or failures to cancel within 36 hours. Any fee change is negotiated in good faith. It is your responsibility to notify me if your financial situation changes. I reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance of one month. The agreed-upon fee for service is \$ _____. **I accept** checks made out to Dr. Angela Aiello, MasterCard, Visa, American Express and Discover credit cards. If a credit card is used to pay for services a \$5.00 processing fee will be added to the total. From time to time, I may engage in telephone contact with you for a purpose other than scheduled sessions. You will not be charged for these sessions if they are 10 minutes or less. Fees for texting and emails may also entail a fee to be discussed. Fees will also be charged for consultations with psychiatrists, in or outpatient referral sources, or prearranged third parties such as spouses or family members.

If you prefer to be billed via a business manager, that can be arranged monthly. Travel time will be added for home visits to be scheduled in advance. I also reserve the right to terminate therapy if you are under the care of a psychiatrist for Bi-Polar disorder and refuse to be compliant with their psychotropic meds protocol. In the event of such noncompliance, I will furnish the patient with 3 referral sources including substance abuse rehabilitation and/or other mental health-related services.

Cancellation Policy

You are responsible for payment of the agreed-upon fee for any session(s) for which you fail to give at least **36 hours of cancellation notice**. Cancellation notice should be left on my voice mail or as a text. If I am asked to move an appointment and am able to do so, there will not be a charge for the accommodation. However, if you can't make the second accommodation, the full fee will be charged. Cancellation at the last minute due to sickness or unavoidable emergency may be negotiated.

Therapist Availability

My office is equipped with a confidential voicemail system that allows you to leave a message at any time. You can also reach me at 310-913-2879. I will make every effort to return calls within a 24 hour period but I cannot guarantee calls will be returned immediately. I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911 or go to the nearest emergency room.

Patient Rights: In addition to confidentiality, you have the right to end treatment at any time for whatever reason, without any moral, legal, or financial obligation, except for fees already incurred. You have the right to question any aspect of your treatment with me, and to expect that I will work with you to meet your needs for adjunctive or alternative treatment. You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.



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Benefits and Risks of Teletherapy

Teletherapy refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of teletherapy is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of teletherapy, there are some differences between in-person psychotherapy and teletherapy, as well as some risks. For example:

- Risks to confidentiality. Because teletherapy sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other devices. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact teletherapy. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in teletherapy with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.
- Efficacy. Most research shows that teletherapy is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is a debate about a therapist's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of teletherapy service to use. You may have to have certain computer or cell phone systems to use teletherapy services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in teletherapy. For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters and should be directed to the administrative team. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.



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This Informed Consent for Teletherapy contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for teletherapy sessions and having passwords to protect the device you use for teletherapy).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent still applies to teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Teletherapy

I will let you know if I decide that teletherapy is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

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 will create an emergency plan before engaging in teletherapy services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the teletherapy platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you.

Fees

The same fee rates will apply for teletherapy as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in teletherapy sessions in order to determine whether these sessions will be covered.



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Records

The teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session, in the same way, I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Acknowledgment

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement. You have discussed such terms and conditions with Angela Aiello, Ph.D. and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consent to participate in the therapeutic process. Moreover, you agree to hold Angela Aiello, Ph.D. free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Clients Name: _____ Date: _____
[please print]

Clients Signature _____
[Signature of Client, Guardian or Representative]*

*[*If signed by other than Patient, please indicate the relationship between Patient and his/her Representative]*