

Margaret H. Anderson, PsyD, PC  
1210 Dry Hollow Road, #2  
The Dalles, OR 98620  
541-298-2298

## **Teletherapy Policy and Consent**

Teletherapy, which is therapy conducted through a live video stream, is now covered by most insurance companies and can be a way for clients to attend their therapy sessions when physically coming into the office is difficult. Teletherapy is offered through TherapyNotes with their HIPAA compliant, confidential portal. Once we decide to proceed with telehealth sessions, Margaret will send you an invitation to set up an account via email. It is my policy to provide teletherapy only to those clients who have met with me in live, in-person sessions first and who have established a solid therapeutic relationship prior to starting teletherapy.

Please read this notice carefully as it describes the policies and procedures followed by Margaret H. Anderson, PsyD for teletherapy services.

**Confidentiality:** The laws that protect the confidentiality of medical information also apply to teletherapy. Information that you disclose to me during your teletherapy sessions is generally confidential. The same exceptions to confidentiality according to state laws that are explicitly described in my Informed Consent for Treatment form also apply to information shared in teletherapy sessions. Please keep in mind that texting and emails are not secure forms of communication and that if you choose to use such methods to communicate with me, I am not responsible for any outside threats to confidentiality such as data breaches. In addition, the risks involved with teletherapy include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions have the ability to grab and release information you may desire to keep private. Furthermore, there is the risk of being overheard by anyone near you if you do not place yourself in a private area. By consenting to teletherapy services, you agree to take full responsibility for the security of any communications or treatment documentation on your own computer and in your own physical location.

**Technical Requirements:** To participate in online or distance therapy, you will be required to have access to a computer or smart device with internet access. A high-speed internet connection will be necessary for video sessions. Video sessions will take place through a HIPAA compliant web portal which is administered by TherapyNotes. It is understood that when communicating via the internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur during a session, you agree to immediately phone me at 541-298-2298. If we are unable to continue the

session online, you can choose to reschedule at no additional cost or continue by phone and pay for the session out-of-pocket.

**My Standards for Teletherapy Sessions:** In order to help you get the most out of your session, it is important that the time scheduled for your appointment be free of disruptions and distractions. Please be planful about arranging for a quiet, private space. Please avoid “multitasking” by setting aside electronic devices and other distractions and please do not try to drive while doing your session. Pay attention to how you are dressed—pajamas and sweats are fine, as long as you are fully clothed.

**Limits to Teletherapy:** Teletherapy is not appropriate when you are experiencing a crisis or having suicidal or homicidal thoughts. If an emergency arises that requires immediate attention, you agree to call 911, go to the nearest emergency room, or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). In addition, teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy.

**State of Licensure:** I am licensed in Oregon and Washington. The laws pertaining to therapy and teletherapy vary slightly between the two states and this will be reflected in the Informed Consent for Treatment form that you will sign prior to starting therapy. I can only provide teletherapy services to residents of Oregon and Washington. By signing this form, you agree that you are physically located in one of these states at the time of your teletherapy session.

I, \_\_\_\_\_ (print your name), have read the above statements regarding Margaret Anderson’s policies related to teletherapy, including the risks involved in using teletherapy, and consent to treatment via teletherapy.

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Client Signature

Date

**\*Special COVID accommodations: during the COVID pandemic, many insurance companies have made special accommodations for telehealth therapy including allowing for use of other face-to-face technology applications such as FaceTime, Zoom, Google Duo, etc. In addition, audio-only telephone calls are also covered during the pandemic.**