

Teletherapy: Patient Information

Hoover & Associates

A. Introduction:

1. Teletherapy is the delivery of psychotherapy services using interactive audio and visual electronic systems, when you (the patient) and the behavioral services provider are not in the same physical location.
2. Teletherapy can be done by video-conferencing, telephone, email, or texting, but not all therapists will use all of these modalities. Talk to your therapist about what to expect.

B. Privacy / Confidentiality:

1. We have carefully selected a video-conferencing platform, called Zoom, which incorporates state-of-the-art security protocols, such as encryption, to protect the confidentiality of your audio and visual data (e.g.: video-stream, contact info).
2. You can find more information about Zoom at zoom.us.
3. Zoom meets the legal (HIPAA) requirements for confidentiality. We also follow all other necessary record-keeping protocols, as usual, to meet HIPAA requirements.

C. Benefits of Teletherapy:

1. Teletherapy improves access to care:
 - a. It can enable you to be seen by a provider at your usual healthcare office when the provider is at a different location
 - b. It can enable you to be seen by a provider when you are not able to leave your home due to medical illness, mobility issues, or other unavoidable circumstance.
2. Teletherapy allows for more timely and/or efficient evaluation and treatment.
3. Teletherapy facilitates obtaining the expertise of a distant specialist.

D. Possible Risks:

As with any procedure, there are potential risks associated with the use of teletherapy.

These risks include, but may not be limited to:

- a. In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate treatment by the provider.
- b. Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- c. In very rare instances, security protocols could fail, causing a breach of privacy of personal health information.
- d. Misunderstandings can happen even when meeting in person. But the more limited the information (e.g.: as when not meeting in person) the higher the likelihood of misunderstanding or missing some cues.

E. Necessary Equipment:

1. You would need a device through which to conduct teletherapy, including a screen, microphone, video-camera, and speaker.
2. This can be done by PC, Mac, iOS, or Android; on a computer, laptop, tablet or smart phone.
3. Larger stationary screens and high-definition cameras are recommended.
4. You would also need to be able to access the email authorized by you for our use on the device that you will use for teletherapy, because you will get an email which contains the link which you would click in order to join the video-conference.

F. Scheduling a Teletherapy Session:

You would schedule a teletherapy session the same way that you schedule any other session, by calling or emailing your therapist, or by talking with a receptionist. Simply specify that the session you are scheduling needs to be a teletherapy session.

G. Joining a Meeting on Zoom

1. When it's time for your teletherapy session, your therapist will send you an email with a link in it. You will be able to join the meeting by clicking the link. (Make sure that your camera, microphone and speakers are turned on.)
2. If you experience a delay in receiving your email, or any other problem, you can call or email your therapist about it.

H. Fees / Insurance Coverage / Payment:

1. **Hoover & Associates' full fees for teletherapy are as follows:**
 - a. 5-10 minutes: \$35
 - b. 11-15 minutes: \$65
 - c. 16-37 minutes: \$120
 - d. 38-52 minutes: \$165
 - e. 53+ minutes: \$200
2. **Insurance coverage for teletherapy varies.**
 - a. Many insurance policies do not cover teletherapy or other tele-medicine services, or only cover them in very limited circumstances.
 - b. If you want to use your insurance for teletherapy, it is important to ask your insurance company *ahead of time* about whether they would cover teletherapy services in your case. Our billing specialist can help with this. (see attached consent)
 - c. **Unless prior arrangements can be made with your insurance company for payment, you would have to pay for video-conferencing or telephone teletherapy sessions "out-of-pocket."** Hoover & Associates' policy is that out-of-pocket services be paid either before or at the time of service.
3. **Payment Options**
 - a. **Your therapist can take a payment** by getting your credit or debit card payment information during the teletherapy session. This is the same as if you were making a payment by phone.
 - b. **You could also set up an automatic credit or debit card payment** which Hoover & Associates would charge automatically after each session.
 - You would have to sign a "credit or debit card automatic payment agreement" ahead of time (either in person or by mailing/emailing/faxing the form).
 - This approach would require all the teletherapy sessions to be the same length.
4. **If doing teletherapy by email or text**, the therapist will add up time-intervals spent in correspondence over a period of time, and will bill you for the total time.

Patient Consent to the Use of Teletherapy

Hoover & Associates

My Rights:

- I understand that the laws that protect the privacy and confidentiality of health information also apply to teletherapy.
- I understand that the teletherapy platform used by Hoover & Associates is encrypted to prevent the unauthorized access to my private health information.
- I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment, other than stopping teletherapy. I also understand that my Hoover & Associates provider has the right to withhold or withdraw his/her consent for the use of teletherapy during the course of my care at any time.
- I understand that all rules and regulations which apply to the practice of psychology or counseling or social services in the state of Illinois also apply to teletherapy.

Communication with My Insurance Company:

I understand that I have already authorized Hoover & Associates to communicate with my insurance company when I signed the registration paperwork. I understand that teletherapy may not be covered by my insurance company, and that Hoover & Associates prefers to get preauthorization for it ahead of time, to see whether it may be covered. To further clarify my preferences: if my insurance company asks for proof of medical necessity prior to authorizing teletherapy, then I specifically authorize my therapist to send them the following information. (initial all that apply)

- (initial) _____ A letter from my therapist explaining why teletherapy is necessary
- (initial) _____ Copies of my intake evaluation summary and reviews of progress
- (initial) _____ Any other information the insurance company requests, in order to verify medical necessity for teletherapy services (e.g.: copies of encounter notes or correspondence)
- (initial) _____ I prefer not to authorize any of the above at this time, and would like to discuss with my therapist any requests for documentation from my insurance company which go beyond the usual routine information required for billing of face-to-face sessions.
- (initial) _____ I may prefer to pay out of pocket for teletherapy rather than using insurance, and would like to discuss this option with my therapist.

My Responsibilities:

- I will not record any teletherapy sessions without written consent from my Hoover & Associates provider. I also understand that all Hoover & Associates providers will not record any of our teletherapy sessions without my prior additional written consent.
- I will inform my Hoover & Associates provider if any other person can hear or see any part of our session before the session begins. My Hoover & Associates provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I must first be a patient of a Hoover & Associates provider to be eligible for teletherapy services from my Hoover & Associates provider. In other words, I understand that I need to meet with a Hoover & Associates provider at least once in person, in order to be eligible for teletherapy services from that provider.
- I agree to contact emergency personnel (911) on the recommendation of my Hoover & Associates provider should my condition place my own health, or the health of another, at risk.

My Email Address:

The email address that I authorize Hoover & Associates and my therapist to use for teletherapy (where I will get the link that allows me to join the video-conference) is:

Email: _____

Patient Consent to the Use of Teletherapy:

I have read and understand the information provided above regarding teletherapy, have discussed it with my Hoover & Associates provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of teletherapy in my care and authorize Hoover & Associates to use teletherapy in the course of my assessment and treatment.

Name of Patient (please print)

Signature of Patient (or person authorized to sign for Patient):

_____ Date: _____

If authorized signer, relationship to Patient:
