



BAY AREA PSYCHOLOGICAL CONSULTANTS

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Teletherapy: Patient Information

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. **However, you must still be physically present in the state which services are typically rendered – Florida.**
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 – which includes a screen, microphone, video-camera, and speaker.
 - a. This can be done by PC, Mac, iOS, or Android; on a computer, laptop, tablet or smart phone.
 - b. You may utilize a device for a screen and have audio through an audio line synchronously.
2. Larger stationary screens and high-definition cameras are recommended.
3. Access to your personal email address which was provided to the office. Through email you will receive the appropriate links and access instructions for teletherapy.



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Patient Consent to the Use of Teletherapy

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 Bay Area Psychological Consultants 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 Bay Area Psychological Consultants 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 mental health counseling or clinical social work in the state of Florida also apply to teletherapy.

Communication with My Insurance Company

- I understand that I have already authorized Bay Area Psychological Consultants to communicate with my insurance company when I signed the new patient paperwork.
- I understand that teletherapy may not be covered by my insurance company, and I am responsible for services not covered by my insurance company.
- If my insurance company asks for proof of medical necessity or visit, I understand and consent that my provider may submit to my insurance company:
 - A letter explaining why teletherapy is necessary
 - Copies of intake, encounter notes, review of progress

My Responsibilities:

- I will not record any teletherapy sessions without written consent from my Bay Area Psychological Consultants provider. I also understand that all Bay Area Psychological Consultants providers will not record any of our teletherapy sessions without my prior additional written consent.
- I will inform my Bay Area Psychological Consultants provider if any other person can hear or see any part of our session before the session begins. My Bay Area

Psychological Consultants 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 Bay Area Psychological Consultants provider to be eligible for teletherapy services from my Bay Area Psychological Consultants provider.
 - In other words, I understand that I need to meet with a Bay Area Psychological Consultants 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 Bay Area Psychological Consultants provider should my condition place my own health, or the health of another, at risk.
- I understand that I must disclose my physical location to my Bay Area Psychological Consultants provider at the beginning of our teletherapy session for both billing and safety reasons.

Communication via Email

The email address that I authorize Bay Area Psychological Consultants and my provider to use for guidelines on accessing the teletherapy session is as written below.

| |
|--------|
| Email: |
|--------|

Treatment of Minors/Persons with Guardianship

For a minor or person with a legal guardian, consent for telehealth must be provided by a legal guardian. For the first session conducted via teletherapy, a guardian must be present for the first part of the session. For future sessions, a guardian is not required to be present.

Patient Consent to the Use of Teletherapy

I have read and understand the information provided above regarding teletherapy, have discussed it with my Bay Area Psychological Consultants 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 Bay Area Psychological Consultants to use teletherapy in the course of my assessment and treatment.

| | |
|--|-------------------------|
| Patient's Name Printed | Date of Birth: |
| Signature of Patient or Legal Guardian | Date Signed |
| Legal Guardian Printed Name | Relationship to Patient |