



# Hillary Schultz Therapy, LLC

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## **CONSENT FOR TELETHERAPY**

### **Definition**

Teletherapy is a form of psychotherapy which is provided via secure Internet technology. It has the same purpose and intention as psychotherapy treatment sessions which are conducted face-to-face at the offices of Hillary Schultz Therapy, LLC. Teletherapy involves arranging an appointment time between you (the client) and the clinician, when both parties can interface from computers, through the Internet. It is up to the clinician to determine if teletherapy is an appropriate service delivery option for you.

### **Reimbursement**

The practice has confirmed that most insurance companies will provide reimbursement/coverage for teletherapy sessions. We anticipate no disruption as to how your insurance covers your service. As the client, however, it is your responsibility to contact your insurance company, prior to teletherapy sessions, to ensure that teletherapy with the practice is covered. We submit claims similarly as we would if you were in-office. Our biller will, however, use a specific modifier (as needed) and specify the location as "02" which will indicate to the insurance that we are billing for a teletherapy session.

### **Client Requirements**

By signing this form, the client confirms an understanding that teletherapy option is temporary and *may* not be permanent. Client agrees that if/when the clinician deems appropriate or is required, therapy sessions will resume in-office/face-to-face.

By signing this form, the client confirms he/she is a resident of the State of Ohio and when attending a teletherapy session, agrees they are participating in the session while in the State of Ohio.

Client understands that he/she *may* be required to attend at least one face-to-face, in-office session, prior to being able to participate in teletherapy. If you are actively at risk of harm to self or others, teletherapy is not suitable for you. If this is the case, or becomes the case in the future, please let your therapist know, and face-to-face, in-office visits, will be arranged for you.

We ask that all clients involved in teletherapy session be visible to the clinician at all times (not just while they are speaking).

### **Technology Requirements**

You'll need a computer or IOS device with a webcam (camera), a speaker, and microphone. In case of technical difficulties, you will also need access to a phone in the same room, so difficulties can be resolved. Internet access is required for teletherapy. You are responsible for ensuring security on your computer.

Prior to your teletherapy session, please ensure your computer and internet browser is set to allow microphone and camera access. When logging on to [doxy.com](https://doxy.com), you may be asked allow permission for doxy to access your microphone and camera. Please chose to "allow".

### **Environment**

Please arrange for a private environment and location. You are responsible for ensuring confidentiality on your end. We ask that you arrange a location with sufficient lighting and one that is free from distractions or intrusions. The counselor will let you know if there are distractions that may be interfering with your session.

### **Our Teletherapy Service Provider and Efforts at Quality and Security**

We currently use [doxy.me](https://doxy.me). They are a HIPAA secure provider of technology. After reviewing their services and our privacy and confidentiality standards, we have chosen this provider as a secure option. You do not need to download a software program and instead will be asked to join sessions by going to a secure URL, which will be given to you by your clinician, prior to your session.

### **Risks and Rights in using Teletherapy Services**

1. You have a right to withdraw consent at any time. It will not affect your right to further in-office/face-to-face treatment options.
2. You are responsible for your out of pocket payment owed, at the time of service. Payments will be automatically processed using the card you have on file with us.
3. Your clinician has the right, at any time, to determine if teletherapy sessions are not appropriate for you. Should this be determined, they are obligated to continue with in-office/face-to-face services or provide referral information to other providers.
4. The laws and professional standards that apply to regular psychotherapy services apply to teletherapy services. Please refer to the policies and procedures signed by you at intake or let us know if you have additional questions. A blank copy of these forms are additionally available on our website at [www.schultztherapy.com](https://www.schultztherapy.com).
5. Despite the efforts to ensure high encryption and secure technology, there is always a risk that the transmission may be breached and accessed by unauthorized persons or the transmission of information could be disrupted or distorted by technical failures.
6. There is a risk of being overheard by anyone near you if you do not place yourself in a private room. You, the client, are responsible for creating a comfortable, safe environment on your end of the transmission. It is the responsibility of the clinical treatment provider to do the same on their end.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_