

# Aspire Psychological Services LLC

2266 S Dobson Rd. Suite 200, Mesa, AZ, 85202

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www.aspirepsychservices.com



## Aspire Psychological Services Telehealth Consent Form

Teletherapy is a form of psychological service provided via secure internet technology. It has the same purpose as treatment conducted face-to-face. Due to the nature of the technology used, teletherapy services may be experienced somewhat differently than face-to-face treatment sessions. As with most technology, there are benefits and limitations to this kind of service.

Teletherapy is not best suited for clients who are actively at risk of harm to self or others. If this is the case or becomes the case in future, your provider can refer you to more appropriate services in your area.

You will need a computer with internet access and webcam ability. You will also need access to a phone in case the internet connection fails.

### Patient Risks and Rights with Teletherapy:

1. I understand I have the right to withdraw consent at any time. It will not affect my right to further treatment.
2. I understand the provider has the right, at any time, to determine if teletherapy sessions are not appropriate for my case. Should this be determined, the provider is obliged to provide me with referral information to other services.
3. I understand the laws and professional standards that apply to regular psychological services apply to teletherapy services.
4. I understand that insurance companies may or may not cover teletherapy services (if applicable) and that I am ultimately responsible for the balance on my account for any professional services rendered.
5. I understand the same exceptions to client confidentiality policies that exist for regular treatment also apply to teletherapy services. I know I can review my consent for treatment form to review those exceptions.
6. I understand that despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission could be breached and accessed by unauthorized persons.
7. I understand there is a risk that services could be disrupted or distorted by unforeseen technical problems.
8. I am aware there is a risk of being overheard by anyone near me if I am not in a private room. I understand I am responsible for creating my own comfortable and safe space for the session. It is the responsibility of the provider to do the same on their end. I agree to verify this with my provider at the beginning of session.
9. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Patients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, my provider will recommend more appropriate services.
10. I understand that due to the nature of the interaction, there may be quality differences that are experienced when compared to face-to-face services. I can provide feedback to my provider if I find teletherapy insufficient to meet my needs.
11. I may decline any teletherapy services at any time without jeopardizing my access to future care, services, and benefits.
12. I understand this document does not replace other agreements, contracts, or documentation of informed consent.

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Local Emergency Center:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Client or Guardian Signature / Date

\_\_\_\_\_  
Printed Name / Date