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## TELETHERAPY SERVICES AGREEMENT & INFORMED CONSENT

### DEFINITION OF SERVICES

TeleTherapy services are a form of psychological therapy service which is provided via secure internet technology. Specifically, TeleTherapy involves a therapist and a client interfacing via their computers over the internet at a prearranged time. It has the same purpose or intention as face-to-face psychotherapy treatment sessions, though it is not a universal substitute for this type of service. The TeleTherapy services provided by InSight Behavioral Wellness of Northern Michigan, LLC occurs in the state of Michigan (USA) and are thus governed by the laws of this state.

### LIMITS OF CONFIDENTIALITY

Unless Dr. Diedrick and the client explicitly agree otherwise, their TeleTherapy exchange is confidential. Any personal information the client chooses to share with Dr. Diedrick will be held in the strictest confidence. Just as for her face-to-face clients, she will not release your information to anyone without your prior approval, or she is required to do so by law.

There are specific and limited exceptions to confidentiality which include the following:

- When there is risk of imminent danger to myself or to another person, Dr. Diedrick is ethically bound to take necessary steps to prevent such danger.
- When there is suspicion that a child, elder, or adult with a developmental disability is being abused or is at risk of abuse, Dr. Diedrick is legally required to take steps to protect the at-risk person and to inform the proper authorities.
- When a valid court order is issued for medical records, Dr. Diedrick and InSight Behavioral Wellness of Northern Michigan, LLC are bound by law to comply with such requests.

### CLIENT REQUIREMENTS

Clients who are at risk of harm to themselves or others are not suitable for TeleTherapy services. If you become suicidal or homicidal during treatment, please inform Barbara A. Diedrick, PhD and we will discuss options that will be more suited for you. Also, the client **must be physically located in either Ohio or Michigan at the time of the session**, since Dr. Diedrick is licensed to provide psychological services in these states. If you are not physically present in either one of these states when a session is scheduled, Dr. Diedrick **cannot** provide TeleTherapy services.

### TECHNOLOGY REQUIREMENTS

You will need the following in order to engage in TeleTherapy sessions:

- A computer with: A webcam and audio ability and Google Chrome web browser (best)
  - Note: Internet Explorer and Safari are not supported browsers
- Internet access during scheduled sessions
- A phone (in case of technical difficulties)

In addition, in order to avoid being overheard by anyone in your vicinity during TeleTherapy, it is important that you place yourself in a private room. It is your responsibility to create a comfortable environment and safe environment on your end, while it is the responsibility of Dr. Diedrick to create the same on her end. Please go to [doxy.me/ibwnmi](http://doxy.me/ibwnmi) to check in for sessions.

## TELETHERAPY SERVICE PROVIDER

The TeleTherapy service providers used by InSight Behavioral Wellness of Northern Michigan, LLC is: doxy.me. This service provider meets privacy and confidentiality standards according to HIPAA requirements.

## RISKS AND RIGHTS OF TELETHERAPY SERVICES

1. You have the right to withdraw from TeleTherapy service at any time. If you choose not to utilize TeleTherapy services it will not affect your right to further treatment, and you can continue in face-to-face treatment with Dr. Diedrick. If this is not feasible due to geographical distance, a referral will be made so you may receive ongoing treatment.
2. TeleTherapy services may not be an appropriate treatment modality for every client and, at times, may even be counter-productive. Dr. Diedrick reserves the right as your therapist to determine if TeleTherapy sessions are not in your best interest. If this is determined, Dr. Diedrick will continue face-to-face services with you or provide referral information if necessary.
3. The same laws and policies which are stated in the CONSENT FOR TREATMENT form in regards to regular psychotherapy, confidentiality, exceptions of confidentiality, etc. also apply to TeleTherapy services.
4. It is possible that a TeleTherapy session may be disrupted or distorted by unforeseen technical issues. If you are disconnected during a session due to a technological issue, please stay logged into doxyme and Dr. Diedrick will try to reconnect with you. If unable to reconnect the session, she will call you via phone.
5. The CANCELTION & NO SHOW POLICY remains the same for TeleTherapy services. If you are unable to connect to a TeleTherapy appointment at the allotted time, please send a message via email (drd@ibwnmi.com), or call Dr. Diedrick at (231) 392-6155 to let her know – otherwise your session will be considered a “No Show.” In circumstances where a connection cannot be made due to technical difficulties in the time allotted for a session - **and you called Dr. Diedrick for assistance** - you will not be charged a fee.
6. I accept that TeleTherapy is NOT designed for and will not be used as an emergency service. If you are having a psychiatric emergency, please call 911 or go to your nearest emergency room.
7. Although all efforts are made to ensure high encryption and security in technology used, there is always a risk that transmission may be breached or accessed by unauthorized users.
8. You are responsible for making payments for TeleTherapy services that you participate in.

By signing below, you agree that you have read, understand, and agreed to the above TELETherapy SERVICES AGREEMENT & INFORMED CONSENT. In addition, you will assume all of the foregoing risks and accept personal responsibility for confidentiality issues regarding TeleTherapy services and recuse Barbara A. Diedrick, PhD, InSight Behavioral Wellness of Northern Michigan, LLC, and its staff from any liability if confidentiality is breached when these communications occur.

\_\_\_\_\_  
Client Name (printed)

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

\_\_\_\_\_  
Date

Copy provided to client.  
(Revised 9/28/2019)