

Somers Psychological Services, P.A.  
**Peter J. Somers, Ph.D.**  
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TELETHERAPY INFORMED CONSENT

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby consent to engage in teletherapy psychological services with Dr. Somers. This may include sessions and additional communications conducted via telephone, videoconferencing, and / or email as mutually agreed to by Dr. Somers and myself.

1. I am aware that Dr. Somers will treat all information gained through teletherapy sessions with the same high degree of confidentiality as would occur with in-person sessions. Teletherapy sessions will take place using a secure, high speed internet connection and secure computer software – in most cases the free application doxy.me (the American Telemedicine Association recommends at least 128-bit encryption to ensure compliance with HIPAA regulations). I understand that I maintain responsibility for protecting my own privacy with regard to the location and device with which I choose to receive teletherapy services. I agree to communicate through a device that I know is secure and I will fully exit the software after my sessions is completed. I understand that, despite all reasonable efforts on the part of myself and Dr. Somers, there remains the possibility that technological failures could occur or that communications could be illegally accessed or intercepted by an unauthorized party.

2. I agree that, as with all health services, it is my responsibility to confirm my health insurance benefits. This includes clarifying whether my health insurance carrier provides coverage for teletherapy services and whether there are any exclusions regarding the originating site from which services take place. If my insurance policy has any exclusions, I acknowledge that I will use an approved originating site for all teletherapy services. I acknowledge that I maintain financial responsibility for any services that are not covered by my insurance carrier.

3. I understand that teletherapy services offer a variety of potential benefits (convenience, comfort, increased access to providers, etc.) but that it is not appropriate for all individuals / families. There are situations in which in-person services would be necessary; for example, in order to best read an individual's body language or to establish rapport. If I have any concerns or questions regarding whether teletherapy is right for me or my family, I agree to discuss them with Dr. Somers, and I understand that I may discontinue teletherapy services at any time. If Dr. Somers or I determine that teletherapy is not appropriate for me or my family, I understand that I may need to be referred to a clinician in my area who can provide in-person services.

4. If I move out of the state of Minnesota while I am still receiving care, I agree to inform Dr. Somers immediately, as this may affect his ability to continue to provide me with teletherapy sessions depending on the laws of the state into which I move.

5. I know that Dr. Somers makes substantial efforts to be available to clients by email and voice mail as needed. However, I understand that certain emergency situations require in-person assistance, and if such a situation were to arise, I agree to go to my local emergency room or to call 911 immediately.

I have read, understand, and agree to the information provided above. I have discussed any questions with Dr. Somers, and all questions have been answered to my satisfaction.

Signature of patient or parent / guardian \_\_\_\_\_ Date \_\_\_\_\_