

## **CBPS** Services Agreement

## Telehealth and Teletherapy Addendum

Client Name:	Date of Birth:
(Required) Email address and phone number where we can reach you about/before/during teletherapy appointments:	
Email for teletherapy:	Phone at time of teletherapy:
(Required) Emergency Contact Name:	Emergency Contact Phone:

The purpose of this Addendum to the CBPS Services Agreement is to provide patients and/or their guardians with information about CBPS's Telehealth Services and to obtain your written consent for those services.

- Definitions: "Telehealth" refers to healthcare that is provided using telecommunications technology rather than in-person. When psychotherapy is provided in this way, it may be called "teletherapy." Many of CBPS's usual services may be offered to clients located elsewhere in Maryland as telehealth services over the internet by means of videoconferencing technology.
- Voluntary nature: You are not required to receive telehealth services in order to receive services at CBPS. .
- Similarities to in-person services: Telehealth services are similar to in-person services in many ways, including your rights to confidentiality, the scheduling of appointments, ways you may contact us between appointments, and applicable fees.
- Differences: Telehealth services are different from in-person services in some ways. Research tends to show that teletherapy is as effective as in-person therapy, but unknowns exist because the field of telehealth is recent and evolving.
- Technology: CBPS telehealth services are provided by means of videoconferencing technology that allows secure communication between the clinician and your computer or mobile device. At the time of each appointment, the clinician starts an online meeting which you then join online using instructions provided by CBPS.
- Benefits: Benefits of telehealth services include access to a CBPS clinician when transportation, distance, symptoms, or other barriers make in-person appointments inconvenient, difficult, or impractical.
- **Risks:** Risks of telehealth services include potential security breaches (for example, due malware or software flaws), privacy limitations at your location, distractions at your location, and service interruption due to equipment or technology failure. In case of such interruption, you and your clinician should contact each other promptly by telephone to communicate.
- Client responsibilities: Your responsibilities include ensuring for each appointment that: 1) you are located in the State of Maryland at the time of your appointment; 2) you have a private, comfortable, consistent, distraction-free, location; 3) you have a secure, working computer or mobile device with an internet connection and audio and video capabilities; 4) you follow any additional CBPS instructions such as downloading an app and/or accessing your email; 5) you have a working telephone in case the videoconference connection is interrupted; and 6) you join the meeting on time. Your responsibilities also include informing your clinician promptly if anyone enters the room at your location, cooperating with important recommendations (e.g., safety plans or obtaining in-person care if recommended), and following other CBPS policies. CBPS policies regarding late cancellations/missed appointments do apply to telehealth appointments. Except for clients with Medicaid, clients receiving teletherapy must maintain a credit or debit card authorization on file at CBPS for payment purposes.
- Permission to record: Neither the clinician nor the client are permitted to share or make any recording of the telehealth sessions, except for making written or typed notes, without the other's written permission.
- Insurance coverage: Although CBPS fees are the same for in-person and telehealth services, we cannot guarantee that your insurance coverage will be the same. Usually, telehealth coverage is the same as in-person coverage, but in some cases it is not. In your case, please call us regarding regarding insurance coverage for teletherapy at CBPS.

OR- we have been informed by your current insurance carrier, —. that teletherapy at CBPS: ☐ is covered the same as in person services ☐ is not covered ☐ other: \*Note that insurers often give us incorrect information about benefits and coverage, so this information is provided for your convenience only and

does not represent any guarantee of coverage. Clients without Medicaid maintain responsibility for any and all fees not covered by insurance.

Additional remarks: Beginning on March 15<sup>th</sup>, 2020, and continuing until CBPS again offers in-person appointments, whichever is later, you will **not** be charged more than what you would pay for an in-person appointment (your usual copay or deductible), regardless of insurance coverage for teletherapy.

Your signature below indicates that you have read this entire agreement and that you consent to telehealth services. If you are a parent or guardian consenting for a minor child, your signature also attests that the child's other parent or legal guardian does not object to these services.

Client/Guardian Signature: \_\_\_\_\_

Printed Name:

Date: