

Teletherapy Policies and Procedures

Dr. Nicolle Arbelaez Lopez provides Teletherapy Services to individuals and families during the recent COVID-19 pandemic. In the event that you or your family decides to use Teletherapy Services, this document has been provided to you to outline the procedures for those services. It contains instructions on how to connect with your therapist for your teletherapy sessions, along with important information about Dr. Nicolle Arbelaez Lopez's Teletherapy Policies. Please read this document completely and save it for your records.

1. Dr. Nicolle Arbelaez Lopez uses Zoom, Skype and Facetime for its Teletherapy Sessions. The program is accessible through a web browser on your computer or a free app download on mobile devices. Zoom is HIPAA compliant and easy to use. When you schedule your teletherapy appointment, you will be given the "Waiting Room" web address for your therapist for Zoom. This will be the address you will use every time you have a teletherapy session. You may access the waiting room at any time, and your therapist will be able to see that you have connected. At the time of your appointment, your therapist will initiate the teletherapy session. Please note that your computer or mobile device will require internet connection, a webcam, and a microphone. If you prefer Facetime sessions, that is also available.

2. In the case of a disconnection, you should attempt to reconnect to your therapist's Zoom Waiting Room or Facetime call. If reconnection is not possible, please call 954-804-5144 and your therapist will either resume your session via phone or may choose to reschedule the appointment.

3. The convenience of teletherapy sessions along with our tendencies to multitask while communicating via technology often leads patients to see teletherapy sessions differently than an in-office visit (e.g. try to get their session done "on the go" or while doing other things). Approaching a teletherapy session in this manner frequently leads to distractions, interruptions during the session, loss of privacy, and an overall reduction in efficacy of treatment. **It is very important that you treat your teletherapy session just the same as an in-office visit.** That means that you will need to be in a quiet, private place that is free of distractions and interruptions. If at the time of your session your therapist finds that you are not in a suitable location for the appointment, she may choose not to continue with the session, at which point you would be responsible for payment for the session as though it were a no-show.

4. Because you are not physically in the office to remit payment, arrangements for payment for Teletherapy Sessions must be made in advance of the session.

If you have any questions regarding our Teletherapy Policies and Procedures, please do not hesitate to discuss them with your therapist.

Telehealth Services Agreement and Informed Consent

I _____ (patient/guardian name/s) hereby consent to participating in Telehealth Services with Dr. Nicolle Arbelaez Lopez. Telehealth services are defined as communication between yourself and my practice via telephone, email, text message, video conferencing, or any other remote means that utilizes electronic transmitting technology. This includes what is defined as “teletherapy” (psychotherapeutic intervention done remotely via videoconferencing or telephone), as well as use of technology for administrative purposes (e.g. emails and phone calls regarding scheduling appointments). I understand that Telehealth allows my therapist to diagnose, consult and support my treatment. This Consent Form covers all forms of electronic communication (teletherapy and administrative). I have read and understand the following important information regarding Telehealth Services:

1. I have a right to confidentiality with telehealth services under the same laws that protect the confidentiality of my medical information for in-person psychotherapy, as noted in Dr. Nicolle Arbelaez Lopez’s Informed Consent Form.

2. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal, and relational issues, there is no guarantee that all treatment of all clients will be effective, and this includes Telehealth Services.

3. I understand that Telehealth Services risk technological failure that could cause distortion or complete disruption.

4. I understand that if my therapist believes Telehealth Treatment Services (e.g. psychotherapy via videoconferencing) are not an appropriate intervention, he/she will make an appropriate referral for services they judge to be more appropriate for my circumstances. This may include a referral for in-person treatment.

5. I have the right to withhold or withdraw this consent at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled.

6. I understand that Dr. Nicolle Arbelaez Lopez uses HIPAA compliant methods for Telehealth Services. However, no use of technology can be 100% protected. I also understand that the confidentiality of any text messages, emails, or voicemails I choose to keep is my responsibility and not the responsibility of Dr. Nicolle Arbelaez Lopez.

Client/Guardian Printed Name

Client/Guardian Signature

Date