

McCaskill Family Services, PLLC

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TELETHERAPY SERVICES AGREEMENT AND INFORMED CONSENT

1. Unless we explicitly agree otherwise, our Teletherapy exchange is confidential. Any personal information you choose to share with your clinician will be held in the strictest confidence. Just as for face-to face clients, we will not release your information to anyone without your prior approval, or as we are required to do so by law. We have a duty to notify authorities if we become convinced a client is about to physically harm someone or themselves. We also have a duty to inform the authorities if there is suspicion or evidence of abuse of children, the elderly (over 65) or people with disabilities.
2. You understand that our Teletherapy occurs in the state of Michigan, (USA), and is governed by the laws of that state. In a manner of speaking, you use this modality to visit us in our Michigan office; where we meet to do our work.
3. Helping you build the life you want is what our exchange is all about. We should not continue any process that is counter-productive in that respect. Either of us is free to terminate our relationship at any time and for any reason. If you decide to terminate, we believe it would be to your benefit to drop us a short note stating the reasons for your leaving. There would, of course, be no charge for such a note. In the unlikely event that I become convinced our Teletherapy is not in your best interests (see below), I will explain that to you and suggest some alternative options better suited to your needs.
4. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that our Teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using Teletherapy vs. face-to-face psychotherapy. In particular, you accept that Teletherapy does not provide emergency services.
5. You are responsible for the information security on your computer. McCaskill Family Services will NOT be able to respond to clinical issues via email. However, at times, it may be more convenient to schedule appointments with the office staff via email at: office@mccaskillfamilyservices.com. Unfortunately, we cannot guarantee the security of our emails as they travel between our computers but our teletherapy platform is HIPAA compliant and encrypted, so it is confidential.
6. Our Teletherapy is a means by which you, the e-client, can receive coaching, counseling, information and guidance from an experienced psychotherapist. It is perhaps most accurately perceived as a process creating, over time, a trusting and collaborative relationship. In our collaboration, you retain the right to determine which topics we cover and the depth of consideration each receives. In other words, as an e-client, you are free to contribute or withhold any information you choose. Moreover, you are under no obligation to apply information and/or opinions we contribute to our Teletherapy.
7. Telecommunication: Telehealth (e-therapy) is the use of electronic transmissions to treat the needs of a patient. In this case, we offer both video and audio forms of communication via the Internet and/or telephone. This means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. The risks involved with Telehealth include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions have the ability to grab and released information you may desire to keep private. Furthermore, there is the risk of being overheard by

- Initials:

anyone near you if you do not place yourself in a private area and open to other’s intrusion. The advantages are that you may be treated from any location at a mutually agreeable time. It is YOUR responsibility to create an environment on your end of the Telemedicine transmission that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility for me, the therapist, to do the same.

If you reside outside of the state of Michigan: you understand that by utilizing these therapeutic services, you, as the client, agrees that you are soliciting the services of a professional outside of your state of residence. By doing this, you agree that the “point-of-service” of therapy is to occur in Michigan, the therapist’s state of residence and licensure, not the client’s. In essence, the client is using the telephone or the Internet to virtually travel to the therapist (the therapist’s state of professional practice). Hence, therapists are accountable to and agree to abide by the ethical and legal guidelines prescribed by their state of licensure and residence. By agreeing to solicit the therapist’s services, the client agrees to these terms. If you do not understand, or have any questions regarding this issue, please feel free to ask us about this issue.

There are no other explicit or implied commitments in our Teletherapy relationship.

Please include any/all phone numbers and email addresses that you give us permission to contact you at for the purposes of your teletherapy session. If you are the parent of a child/adolescent whom you would like to be contacted directly on their device for their telehealth session, please be sure to include that contact information as well.

Name of Contact Person	Phone Number	E-mail Address

I have read and understand the information provided above. I have discussed it with McCaskill Family Services, and all of my questions have been answered to my satisfaction.

Signature of Patient or Parent/Guardian: _____ Date: _____

Patient Printed Name: _____

Parent/Guardian Printed Name (If Minor Child): _____

Therapist Signature: _____ Date _____

Therapist Printed Name: _____

Initials: