



Individual, Couples and Family Counseling
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TELE-THERAPY ADDENDUM TO INFORMED CONSENT

The purpose of this form is to demonstrate informed consent regarding the provision of tele-therapy by Judith Mathews MFT. All office practices, fees, cancellation policies, confidentiality rules and exceptions outlined in my Office Practices and Consent to Evaluation/Treatment apply to tele-therapy, with the following stipulations:

- **Risks and Limitations**

As with any psychological treatment, tele-therapy has benefits and limitations. Benefits include providing access to therapy for clients unable to attend in person. Limitations include the loss of the in-person experience provided by conventional psychotherapy: non-verbal communication may be harder to observe, facial expressions may be more difficult to interpret, and fluctuations in tone and voice may all appear altered, thereby impacting the therapeutic exchange. Progress in therapy may be altered. Frustrations with technology may emerge in tele-therapy. Should you experience any unexpected difficulties in your treatment as a result of tele-therapy, please let me know immediately. Clients maintain the right to withdraw consent for tele-therapy services at any time without affecting their right to in-person sessions.

- **Privacy**

As noted in my Office Practices and Consent to Evaluation/Treatment, any electronic communication carries a small risk of interception by a third party. End-to-end encryption strongly reduces this risk. I will use only platforms with end-to-end encryption for any video-chat therapy session. This may include Apple FaceTime* or another encrypted platform. Your signature below constitutes full acknowledgement of this potential risk to your confidentiality, and a waiver of any liability on the part of Judith Mathews MFT for any breach of confidentiality resulting from electronic communication.

- **Payment**

Unless other arrangements are made in advance, I will collect your fee/co-pay as usual, charging it to your credit/debit/HSA card on file. In Nevada, insurance typically covers tele-therapy as it would any other mental health service.

- **Guidelines**

Unless other arrangements are made in advance, please set aside the usual 55-60 minutes for your session. Find a space that is quiet, private and free from distractions to conduct your session. Please use a private, reliable WiFi connection.

*Apple has confirmed that all communications through FaceTime are protected by end to end encryption. Access controls are in place, via Apple IDs, to ensure the service can only be used by authorized individuals. Apple also does not store any information sent via FaceTime. FaceTime is a peer-to-peer communication channel, and voice and audio communications are transmitted between the individuals involved in the session. Apple also cannot decrypt sessions. *HIPAA Journal, January 19, 2019* <https://www.hipaajournal.com/facetime-hipaa-compliant/>

I have read, understand and agree to abide by the stipulations described in the Tele-therapy Addendum of Judith Mathews MFT.

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date