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TELEHEALTH MENTAL HEALTH SERVICES

Addendum to Informed Consent

Art Lab Rx provides Telehealth Art Therapy through encrypted electronic means. If you'd like to read the official definition based on Minnesota Legislature, here is MN Statute Sec 256B.0625, subdivision 3b or 147.033: *"Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.*

I understand I have the following rights with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my personal information also apply to teletherapy. As such, I understand that the information released by me during the course of my therapy sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general Informed Consent for Art Therapy and Office Policies I received at intake.
- I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Art Lab Rx, LLC that: the transmission of my information could be interrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. I understand that I am responsible for providing the necessary computer telecommunications equipment and internet access for my teletherapy sessions, the information security on my computer, and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

Although we will be using encrypted software, we cannot guarantee total privacy and security. It is possible for there to be a breach in confidentiality by hackers or if nonsecure devices fall into the wrong hands. As such, you will be using teletherapy at your own risk. There will be no audio or video recording of any sessions.

We recommended that you take these additional precautions:

- Use a private computer with a firewall to strengthen your privacy and security.
- Do not share or authorize other people to use your username and password.

Recommendations:

- Meet in a private space.
- Wear headphones during the session if possible.
- Place something that creates white noise outside your door (fan or sound machine, etc).

HOW DOES ART THERAPY WORK IN TELETHERAPY?

Art therapy, with a Registered Art Therapist, through Telehealth Mental Health Services is done by sharing images along with written and visual journaling entries that are created during and in between sessions.

You and your therapist will discuss available art materials to use during session and on your own at home.

Signature for Teletherapy Informed Consent Teletherapy

Consent for Treatment

By signing below, you are stating that you have read and understood this policy statement AND you have had your questions answered to your satisfaction.

As the client, I accept, understand, and agree to abide by the contents and terms of this agreement and further consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time for any reason.

This policy is subject to change. You will be provided a written notice of any changes.

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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