



## **DBT Individual Therapy and Skills Training Group Telehealth Consent**

The purpose of this document is to obtain consent for Telehealth Services with DBT Individual, Family Therapy and Skills Training Group at the Tampa Bay Center for Cognitive Behavior Therapy (TBC for CBT). In order to maintain care and not have major interruptions of treatment under certain circumstances, including during the current COVID-19 outbreak, TBC for CBT may offer to conduct Therapy and Skills Group via telehealth service. Telehealth service is the delivery of healthcare services when the therapist and client are not in the same physical location/site through the use of various technology. This could include video sessions via telehealth software on a computer, tablet, or phone using a HIPAA Compliant platform.

### **Risks/Benefits of Telehealth Sessions**

Generally speaking, the risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however. First, although we will use a HIPAA secure platform with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Second, since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible. Third, in the event of group sessions conducted via video, it is possible that your confidentiality could be breached if others in the group are not in a confidential setting.

To reduce risks to confidentiality, we suggest that **all telehealth sessions occur in a private room with no one else present and that you wear headphones** to limit the possibility of other people overhearing confidential information. In group video sessions, **while you are in group, it is more effective to keep your camera on unless you stepping out of the group for a brief break for some reason.**

**Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements if you wish to participate in telehealth:**

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information.
- You understand that the Therapists will be at a different location from you.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time during your care without affecting your care or treatment.

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- You have been informed of and accept that there are potential benefits and risks associated with telehealth that differs from in-person sessions, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information. It is important to use a secure internet connection rather than public/free Wi-Fi.
- You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law. Sessions will not be recorded without a specific signed video release.
- You have been given the opportunity to ask your provider at TBC for CBT questions relative to your telehealth encounter, security practices, technical specifications, and other related risks.
- Although many insurances are allowing and approving for telehealth services currently, you fully agree to pay for any fees your insurance does not cover for telehealth services.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need know your location and a safety plan that includes at least one emergency contact and a Release of Information signed for that person, in the event of a crisis situation.
- Your Group leader or therapist may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

By signing this consent, I have read and understand the information provided above, have discussed this with my skills trainer and or therapist and all my questions have been answered to my satisfaction.

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**Client Signature**

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**Date**

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**Legal Guardian Signature**

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**Signature of TBC for CBT Staff**

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**Date**

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