



Teletherapy at MICA

Client Name: _____ Date of Birth: _____

The following information details MICA's use of teletherapy sessions with clients. Teletherapy refers to simultaneous video and audio telecommunications between a therapist and client, and is a substitute for an in-person session in the event that an in-person session is not possible. Teletherapy is regulated at MICA by the Boards of Professional Counselors and Therapists (COMAR 10.58.06), and Social Work Examiners (COMAR 10.42.10).

- MICA uses TheraNest for its teletherapy platform, which is HIPAA compliant and meets all state and federal regulations governing teletherapy services.
- MICA Therapist will educate and train Client on how to use teletherapy on TheraNest.
- Client or MICA Therapist must be physically in Maryland.
- Clients utilizing teletherapy must have immediate access to an alternate phone in the case of connection or technological failures.
- All individuals present for the teletherapy session must identify themselves.
- MICA Therapist will ensure the confidentiality of the teletherapy session on the therapist's end, but can not control Client's environment to ensure privacy.
- Teletherapy sessions are scheduled individually, and are not intended to be used as an ongoing substitute for in-person sessions.
- Client and MICA Therapist must both agree to conduct a teletherapy session.
- MICA will notify Client in the event of a data breach.
- **There is a \$25 Teletherapy Technology Fee for each teletherapy session.** This fee is not covered by insurance, and is an additional out-of-pocket expense on top of Client's normal copay, co-insurance, or deductible amount.

In the event of a connection or technological problem, I authorize my therapist to call me at:

_____ Or: _____
(Phone Number) (Alternate Phone Number)

Acknowledgement and Consent to Teletherapy Procedures:

I have read the above information on teletherapy and understand my rights and responsibilities, as well as the limitations and costs regarding the use of teletherapy sessions at MICA:

_____ Date: _____
(Client or Guardian Signature)