

This agreement adds to the information and agreements from the “consent to treatment” that you have previously read and signed. It is intended as a supplement to the general consent form that we agreed to at the outset of our clinical work together.

Virtual “face-to-face” sessions or VC (Video Conferencing) is a real-time interactive audio and visual technology that enables a clinician to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other special circumstances. The VC system used in my practice (www.zoom.us) meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan to “join” an online meeting.

Please read and note that:

- There are many benefits and some risks of video-conferencing that differ from in-person sessions.
- Confidentiality agreements that are always integral to your care are the same for Tele-medicine services.
- A webcam or a smartphone needs to be used during the session.
- It is important to have a secure internet connection rather than public/free Wi-Fi.
- If you have ‘Alexa” or any similar devices, they should be turned off to avoid breaks in privacy.
- Recording of sessions is **NOT** permitted.
- Sessions should run similar as possible as if they were in-person and for this reason:
  - It is important to be in a quiet, private space that is free of distractions during the session (including cell phone or other devices).
  - It is imperative that no family member or friend is in hearing or visual proximity to you or to your electronic device during the session.
- In order to be punctual please set up for the appointment at least 5 minutes before it is due to begin.
- A back up plan in the event of technical problems may include restarting the session, or, more likely, supplementing with a phone for audio.
- Our safety plan includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- Please be aware that your insurance company may or may not reimburse for video sessions. Payment continues to be due the time of service which you could send at the end of the month.
- As your therapist, I may determine that due to certain circumstances, telemedicine is no longer appropriate for you, and that we should resume our sessions in-person.

Here is a link that is helpful if you are not familiar with Zoom. I recommend that you experiment with it ahead of your sessions; it will show you how to join a meeting, and checking one’s audio and video.

<https://support.zoom.us/hc/en-us/articles/201362193-How-Do-I-Join-A-Meeting>

By signing this document, you are stating that you are aware that I may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

Below, please include the names and telephone numbers of your local emergency contacts .

Primary Care Physician Name and Contact Info:

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Psychotherapist Name and Contact Info - if applicable:

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Crisis Hotline or Crisis Center Phone #s:

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Family Member Name, Relationship and Contact Info:

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Friend's Name and Contact Info:

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National Suicide Prevention Lifeline (1800) 273-8255

Thank you,

Your signature here below indicates that you have read and understood this Telehealth Informed Consent Agreement.

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_