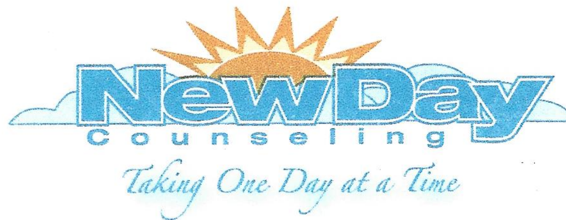

TELETHERAPY CONSENT FORM

After intake and the establishment of a therapeutic relationship, it may be possible for treatment delivery to occur via interactive video-conferencing (i.e. virtual "face-to-face" sessions) in lieu of, or in addition to, "in-person" sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. The VC system I use meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you "join" our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed. An occasional exception can be made if temporary permission is available from another state.

Risks may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will discuss the specifics of TeleMental Health with you before using the technology.

SIGNATURES (Must be signed in order to provide TeleMental Health Services)

By signing this document, you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to TeleMental Health sessions (CPT code includes the modifier 95) via video conferencing and agree to pay each session in full at the time of service.

______________________________________ ______________

Client Signature & Printed Name Date

______________________________________ ______________

If minor, Parent or Legal Guardian Signature Date