Telehealth Consent to Treatment: Addendum to Professional Services Contract

This document provides important information about telehealth services. Telehealth is done through electronic communication. Ideally both parties (patient and therapist) will have both auditory and visual contact.

There are potential benefits and risks of video-conferencing/telehealth that differ from in-person sessions. Confidentially still applies for teletherapy services and neither party (patient or therapist) will record any part of the session. You understand that your therapist will identify the video-conferencing platform and will explain how to use it. This platform is HIPAA compliant. You will need a computer with access to a webcam and the internet OR a smartphone. It is important to use a secure internet connection and NOT a public/free WiFi connection. Please note, this platform is for sessions only and is NOT a way to communicate with therapist between sessions. Please use your therapists' office number or email for between session communication.

It will be important for you to be in a place that is private, quiet, and free of distractions. For safety reasons, your provider cannot conduct the appointment if you are in a moving vehicle. You agree to inform the therapist of all people in the room who can be listening to the session. Just as with in-person sessions, it is important to be on time. If you need to cancel or change your appointment the 24-hour expectation remains in place to avoid the $80 late cancellation/no-show fee. You agree to provide a backup plan (e.g., phone number where you can be reached) in case of any technical problems. You also agree to provide an emergency contact that includes their name and cell phone, who I may contact on your behalf in a life-threatening emergency only.

If you are using insurance benefits for services, as always, you are responsible to understand your insurance coverage. You understand that your provider will attempt to bill insurance for the telehealth service. If, however your insurance does NOT cover it, you understand that you will be responsible for the cost of the session(s).

At any time, your psychologist may determine that telehealth is no longer clinically appropriate and that you should resume in-person sessions or seek alternative treatment options.

By signing below, you agree that you understand the information provided in this addendum and have had opportunity to ask any clarifying questions.

_____ _____

Signature of client/parent/guardian Date

_____

Printed name

Phone number in case of technical difficulties: _____

Emergency contact name and phone number: _____

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