

Sabine Boots, M.S., LMFT

Licensed Marriage & Family Therapist; Nutrition & Wellness Consultant

49 Hancock St., Suite 201, Cambridge, MA 02139

Sabine@mdofficemail.com; www.sabineboots.com; ph: 828-200-9576

TELEHEALTH AGREEMENT

Dear Client ,

This agreement informs you on Tele-therapy. I conduct Telehealth either via phone or videoconferencing.

The benefits of Telehealth therapy can be: You can receive therapy with me when services in person may not otherwise be available. We can meet, for example, when you are ill and have to quarantine, or when you are traveling and not able to come to the office in person. Some clients feel more comfortable in their own homes and may prefer to receive therapy while in their familiar surroundings.

Draw backs for Telehealth can be: Technology may let us down and sessions can get interrupted. Your privacy at home might be compromised by other family members/roommates. The therapist’s presence and helpfulness might be felt less readily over a screen or voice only then in a regular office visit.

Please discuss pro’s and con’s and your concerns with Telehealth with me, so we can assess if Telehealth is appropriate for you. We will assess the appropriateness of Telehealth on a continuous basis to determine if it’s in your best interest. You have the right to stop therapy at any time, if you don’t find it helpful. My goal is to create solutions with you and support you in ways that are most helpful.

Please make sure that you have a private undisturbed place when you talk/videoconference with me. If our video connection fails at any point during the session, I will call you as a backup option and we will try to re-establish videoconferencing. If our call gets interrupted, I will call you as soon as I can. My HIPAA compliant videoconferencing platform is “ZOOM”, my zoom number is 379 788 2771.

Mental Health Crisis: If you encounter a mental health crisis, you are responsible to contact 911 or a mental health crisis center in your area. Since I am a single provider, I cannot be available to you without notice.

Recordings: Please do not record video or audio sessions without my consent. Making recordings can quickly and easily compromise your privacy, and should only be done with great care. I will not record video or audio sessions.

Please discuss any other questions you might have with me. I am looking forward to working with you and hope seeing me via Telehealth will be a positive experience for you.

Client name

Client signature

Date