

CONSENT FOR TELEHEALTH TREATMENT

I agree to the following parameters with regard to Telehealth therapy **(Please initial by each)**:

___ I agree to receive psychology services from Dr. Becker via Tele-Health (remote) modality. Telehealth can include telephone, internet, videoconferencing, and other forms of electronic media. I am aware that Dr. Becker will not be in the same room with me during our sessions.

___ I understand that I am using Telehealth services as a **temporary alternative**. I am aware that I have previously signed the original Consent Form, and that I consent to psychotherapy services with Dr. Becker. I also understand that this consent form is being signed in addition to the previous consent form for (traditional) in-person psychotherapy.

___ Due to the nature of engaging in remote (telehealth) therapy, there are increased risks for a breach of confidentiality. These risks include the use of a non-secure telephone line for therapy sessions as well as a non-secure network for video-conferencing sessions. Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s). It is important to be in a quiet, private space that is free of distractions (e.g., cell phone or other devices) during our session. It is important to use a secure internet connection rather than public/free Wi-Fi.

___ We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.

(my phone number)

(my emergency contact: Name & Number)

___ You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.

___ As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

___ I understand that Telehealth appointments will function similar to the way face-to-face appointments occur: We will schedule an appointment for a specific time and stay within the parameters of that time. I also understand that it is my responsibility to cancel an appointment at least the day before the appointment, and that I will be charged the full session fee for a cancellation within 24 hours.

Patient (or Guardian) Signature

Date