



Remote Session Informed Consent

Remote services involve the use of secure interactive videoconferencing devices and equipment that enable practitioners to deliver their services to clients when both are located at different sites. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

—Greg Asbury

1. I understand that the same standard of care applies to a remote session as it applies to an in-person visit.
2. I understand that the laws that protect privacy and the confidentiality of personal information apply to remote sessions.
3. I understand that I will not be physically in the same room as my practitioner. I will be notified of and my consent obtained for anyone other than my practitioner.
4. I understand that my personal information may be shared with other individuals for scheduling and billing purposes.
5. **Risks to confidentiality:** “As remote sessions take place outside of my office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. It is important; however, for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device.” —GA
6. **Issues related to technology:** I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
 1. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that my practitioner or I may discontinue the remote session and make other arrangements to continue the visit.
7. **Right to Refuse:** I understand that I have the right to refuse to participate or decide to stop participating in a remote session. I also understand that my refusal will not affect my right to future care or treatment.
 1. I may revoke my consent at any time by contacting my practitioner at 503-744-0047
8. **Fees:** The same fee rates will apply for remote sessions as apply for in-person session. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.
9. **Records:** I understand that my practitioner will maintain a record of our session in the same way they maintain records of in-person sessions in accordance with their policies.
10. I understand that this document will become a part of my personal record.

By signing this form, I attest that I (1) have personally read this form (or had it explained to me) and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to remote sessions shared with me in a language I understand; and (3) I am located in the state of _____ and will be in _____ during my remote session(s).

Patient/Parent/Guardian Printed Name

Patient/Parent/Guardian Signature

Date