



# PRINCETON CENTER FOR DBT

## Remote Therapy Consent Form

2020.5 web

I, \_\_\_\_\_, am choosing to participate in therapy sessions with Princeton Center for DBT, LLC (PCDBT) via the internet, using a video conferencing program, or by telephone.

I understand the following limitations and conditions of internet-based video and telephone therapy sessions:

- Any internet-based or phone communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA-compliant. I agree that Princeton Center for DBT and Counseling, LLC will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- During sessions or other internet-based conversations, confidentiality should be treated just like an in-office session, by using a private room or space where I will not be overheard or interrupted. I agree to inform my PCDBT therapist immediately, if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.)
- Online therapy sessions are defined as one (or more) of the following:
  - temporary due to client’s need to travel without interrupting treatment,
  - necessary due to client’s inability to leave home because of medical problems, significant disability, or a government imposed stay at home order.
  - necessary due to client’s lack of access to face-to-face services within a reasonable distance,
  - an informed and willing choice by a pre-existing client to continue treatment through this medium rather than seeking a new provider locally, due to the nature of and/or progress made toward vital treatment goals.
- I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of my PCDBT therapist to such storage and/or sharing.
- I agree that the same policies regarding cancelations and payment for services apply to remote therapy as to in person therapy.

By signing this agreement, I am agreeing to abide by all the above policies with regard to choosing remote treatment services. I agree that I have been informed of the differences in working in this way.

Client Name <i>(printed)</i>	Client Signature	Date
------------------------------	------------------	------

Witness Name <i>(printed)</i>	Witness Signature	Date
-------------------------------	-------------------	------

Please return by email - the completed  
 "Remote Therapy Consent Form" to  
 Admin@PrincetonDBT.com  
 Questions - please email or text/call  
 Ken - 609-468-1486