

Telehealth Consent (revised 4/2021)  
Genevieve Weiscovitz, PsyD

<https://doxy.me/drweiscovitz>

This consent serves as information for psychotherapy clients who wish to conduct evaluation or psychotherapy sessions by “Teletherapy,” through use of phone or Internet based communication. Please retain this information for your records.

For California residents I offer sessions by phone or online video conference in real time if we decide together that it is in your best interests. Video sessions are held on a HIPAA compliant video platform. If/when you schedule an appointment, you will be provided with instructions on how to access our online session.

I do not offer teletherapy sessions via email or text message. I use these mediums only for scheduling or brief communication of information and logistics. Communication occurring purely for scheduling purposes is not teletherapy.

The same rules governing the privacy and confidentiality of face to face therapy interactions apply. I will document and retain records from these sessions, and all existing laws regarding patient access to medical records apply. All mandated reporting requirements regarding elder and dependent abuse, as well as suicidal and homicidal risk, are likewise also in effect with teletherapy. I have, and will continue to access, updated training regarding ethical, legal and clinical issues regarding teletherapy.

There are pros and cons to conducting video conferencing sessions. This provides for data encryption and other protections and is more likely to be secure. However, the privacy and security of telehealth interactions cannot be guaranteed. All online tools, no matter how well protected, may be breached. It is your responsibility to maintain the security of the devices you use to connect to teletherapy.

Intermittent technical and network connectivity problems may interfere with teletherapy sessions. If the technology is not working well for you, please let me know. If there is a disruption in video conference connectivity, I will attempt to complete our session through online audio or phone. If connectivity issues persist, we may need to reconsider the use of teletherapy for our sessions.

I will conduct sessions in private, out of earshot from other individuals. You are encouraged to protect your privacy by ensuring that you conduct phone or online sessions in a private location where others cannot hear you. You are strongly urged against recording the session even if the software you use states it is encrypted, isn't saved on their server, etc. Please find a quiet place with good internet connectivity for sessions so that we can see and hear each other clearly.

Phone and video sessions are not always covered by insurance. It is your responsibility to find out whether your insurance carrier covers teletherapy.

Less information is communicated between therapists and clients through teletherapy as compared to face to face therapy. For instance, I may miss subtle body language communication because that information is not visible or isn't transmitted. This may negatively affect your therapy outcomes. This issue can partly be addressed by using video conferencing rather than phone or audio only.

#### Emergency Procedures

If you should require crisis assistance, you will need to access care in your area. Please call 911 or go to the nearest emergency room. Teletherapy is not considered a reliable form of therapy for high risk or potentially lethal problems such as suicide crisis.

#### Indemnification

In signing this consent, you agree to indemnify and hold harmless, Genevieve Weiscovitz, PsyD, against any losses or damages you experience due to breaches of your privacy involving the security of the computing devices you use to connect to teletherapy.

I have read and understood this entire Informed Consent for Teletherapy agreement and have had my questions regarding this agreement answered to my satisfaction. I understand the inherent risks to the privacy and confidentiality of my protected healthcare information that teletherapy involves. I choose and consent to participate in teletherapy treatment.

I understand that my therapist is licensed in California to provide psychotherapy to residents and I attest that I am a resident of California. I understand that I am free to withdraw this consent at any time by communicating my intent in writing to Dr. Genevieve Weiscovitz.

Name of client \_\_\_\_\_

Signature of client \_\_\_\_\_

Date: \_\_\_\_\_

