**Informed Consent Form**

**Whitney Humphrey, PhD, Licensed Marriage and Family Therapist**

**Board Approved Supervisor**

Given the current circumstances and public health recommendations related to the Coronavirus, I am moving to teletherapy for all therapy sessions. My hope is that this move will keep you, your family, and our larger community safe. I am well, and would like to continue offering services through a HIPAA-compliant video service called Zoom. Below are more details about my temporary office policies that begin immediately. I have also included information to make your move to virtual therapy as convenient as possible. Your informed consent is required to move forward with teletherapy (signature at the bottom of this form).

**Office Policies Amendments**

* ●  Requirements for video sessions:
	+ ○  Reliable internet - The video service I use can run on cell phones and cellular data. That can be sufficient to hold the call, but a computer connected to wifi is the best option.

○  Privacy - The ability to be alone in a space that has some sound buffer and physical buffer if you share your space with others.

* + ○  Stationary - No driving as this is a safety risk.
* **Video Platform**  Zoom is a HIPAA-compliant video conferencing service. You can use this from your cell phone, tablet, or computer with webcam and microphone access. I will be sending invitations through zoom for your appointments. Prior to our appointment time, please set up your account and log in once to work through any difficulties.

Teletherapy presents unique benefits as well as potential risks. Teletherapy requires mutual effort, by therapist and client, to ensure privacy and confidentiality. I have taken all required measures to maintain and protect your privacy and confidentiality. It is your responsibility to maintain up-to-date firewalls and virus protection on your device. Unique risks of teletherapy include: 1) the possibility of unauthorized access (3rd party intrusion from hackers) and 2) technical interruptions or delays. Finally, it is your responsibility to establish a private physical environment for your therapy sessions.

I am also asking people create an account with Zelle or Paypal for payment.

By signing below, I confirm that I have read, understand, and agree to the above recommendations and guidelines **in addition to the original agreements outlined in the Office Policies form provided at the start of therapy.**

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Printed Name/ Signed Name Date