

**Octaviana Hemmy Asamsama, PsyD, DrPH**  
Licensed Clinical Psychologist, OHIO (P.07904) & Maryland (05499)

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## **INFORMED CONSENT FOR TELEHEALTH**

This Informed Consent for Teletherapy contains important information concerning engaging in electronic psychotherapy or telehealth. Please read this carefully and let me know if you have any questions. This Informed Consent shall be signed in conjunction with Dr. Hemmy, LLC Informed Consent and Psychological Services Agreement form. The following information will help you to understand my services, approach to treatment, office policies, and the legal and ethical guidelines that affect psychotherapy confidentiality in the state of Ohio and Maryland.

Although there are benefits of teletherapy, there are some fundamental differences between in-person psychotherapy and teletherapy, as well as some inherent risks. For example:

**Risks to confidentiality.** Because teletherapy sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. I will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

**Issues related to technology.** There are risks inherent in the use of technology for therapy that are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.

**Crisis management and intervention.** As a general rule I will not engage in teletherapy with patients who are in a crisis situation. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.

**Efficacy.** While most research has failed to demonstrate that teletherapy is less effective than in person psychotherapy, some experienced mental health professionals believe that something is lost by not being in the same room. For example, there is debate about one's ability when doing remote work to fully process non-verbal information. If you ever have concerns about misunderstandings between us related to our use of technology, please bring up such concerns immediately and we will address the potential misunderstanding together.

### **CONFIDENTIALITY**

I have a legal and ethical responsibility to make my best efforts to protect all communications, electric and otherwise, that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications. Even

though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic communications may be compromised, unsecured, and/or accessed by a third party.

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent and Psychological Services Agreement still apply in teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

### **APPROPRIATENESS OF TELETHERAPY**

If at any time while we are engaging in teletherapy, I determine, in my sole discretion, that teletherapy is no longer the most appropriate form of treatment for you, we will discuss options of engaging in face-to-face in-person counseling or referrals to another professional in your location who can provide appropriate services.

### **EMERGENCIES AND TECHNOLOGY**

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. In order to address some of these difficulties, I will ask you where you are located at the beginning of each session and I will ask that you identify an emergency contact person who is near your location and who I have permission to contact in the event of a crisis or emergency to assist in addressing the situation.

If the session cuts out, meaning the technological connection fails, and you are having an emergency do not call me back, but call 911, or go to your nearest emergency room. Call me after you have called or obtained emergency services.

If the session cuts out and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the teletherapy platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes then call me on the phone number **(513) 273-0450**.

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.

### **FEES**

The same fee rates shall apply for teletherapy as apply for in-person psychotherapy. However, if your HSA, or FSA, third-party payer, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session.

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I understand and had the opportunity to ask questions regarding all of the above information related to telehealth; the security measures in place, which include procedures for emergency situations, the technological requirements needed to engage in telehealth, and all other information provided in this informed consent in conjunction to Dr. Hemmy Asamsama's Informed Consent and Psychological Services Agreement. Dr. Hemmy Asamsama has discussed the benefits, risks, and alternatives to the treatment recommended. I have the right to accept or reject all or part of any treatment plan prescribed for me. My signature indicates that I have been informed about the treatment prescribed for me and that I give my consent to participate in telehealth with Dr. Octaviana Hemmy Asamsama, Licensed Clinical Psychologist and I agree to observe the policies listed on this form.

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**Client's Full Legal Name (Printed)**

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**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client's Full Legal Name (Printed)**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**