



TELEHEALTH VIA VIDEOCONFERENCING AGREEMENT

In consultation with your treatment provider, treatment delivery may occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, “in-person” sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely. The primary VC system we use (Google Hangouts Meet) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. Additionally, HIPAA has temporarily loosened these standards during the COVID-19 crisis, and you have the additional option of using other VC systems (e.g. Zoom, FaceTime, Skype) during this time should you wish to do so. Regardless of which system we decide to use, you will not be required to purchase a plan or provide your name when you “join” our online meeting. Under no circumstances will your provider ever record the session, in the event that such an option should be available to a ‘host’ through the VC system. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. This out-of-state licensing requirement has also been waived by many states during the COVID-19 crisis, and should you be out-of-state, you may wish to inquire whether your state has waived this requirement.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control.

Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting nonverbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

By signing the document below, you are stating that you are aware that your provider may contact your emergency contact person or the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911. Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).

Physician or Psychiatrist Name & Relationship: _____

Telephone number(s): _____

Crisis Hotline and local Crisis Center Names: _____

Telephone number(s): _____

Family Member Name & Relationship: _____

Telephone number(s): _____

Friend Name & Relationship: _____

Telephone number(s): _____

By signing this document you are declaring your agreement with the following statement: *I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of 95) via video conferencing.*

Signature: _____ Date: _____

Print Name: _____

If for minor:

Parent or Legal Guardian Signature: _____ Date: _____

Print Name(s) of minor as well as parent/legal guardian: _____

Clinician Signature: _____ Date: _____