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Consent to Videoconferencing & Tele-therapy

The use of videoconferencing and telephone services for therapy has been shown to be effective while also involving special considerations. Please read these considerations below.

1. Prior to offering such services, I prefer to have one or more in person sessions to assess your suitability for this service.
2. Residency: if you relocate or change your legal residence to a location outside of California, we will no longer be able to continue our work as therapist and client. We will determine an appropriate continuity of care plan.
3. Emergency: if you require crisis assistance, you will need to access care in your area. Please call 911 or go to the nearest emergency room.
4. Location: Please consider your location during any phone or videoconferencing meetings to reduce distraction and protect your privacy. You should also be aware of potential security issues with your computer. I will be using a HIPAA compliant platform Doxy (unless we have technical issues with this site). I will only use a HIPAA compliant platform for this service.
5. Efficacy: If the use of technology is not working well for us, please let me know. There will be times when technology fails us and we need to reschedule or resort to another means of connecting. We will need to include time to assess the use of technology during our meetings and if we are unable resolve our issues with the technology, we will need to transition your therapy to another provider or plan.
6. If I deem that this is not beneficial or effective for our work, I will let you know that I recommend switching back to in-person treatment or find a more appropriate option.
7. Records: I will continue to document and retain records of our meetings.
8. Reporting Requirements: All mandated reporting requirements regarding Child, Elder, and Dependent Abuse, as well as and Suicidal and Homicidal Risk are still in effect.
9. FEES: Phone and video sessions are sometimes not covered by insurance and I offer them fee-for-service only. I can appropriately code these services on your Superbill, but be aware that your insurance may not cover them.

Your signature indicates that you have read all proceeding pages of this agreement for services carefully and understand its contents.

Name: Date:

Signature: