

CONSENT FOR TREATMENT VIA VIDEO CONFERENCING

This agreement adds to the information and agreements from the Informed Consent document you read and signed when we first started working together.

Video Conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide you services remotely. Treatment delivery via VC is being offered to provide continued contact during the COVID19-virus crisis and other natural disasters that disrupt the ability to meet in person. The VC system used in my practice (Vsee, Doxy.me, or others as improved technology becomes available) meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan when you “join” an online meeting. Please review, sign and return this consent form via email or snail mail.

I understand:

1. Sara L Crain, MA, MFT (“my therapist”) has offered to provide services to me through video conferencing and/or telephone. We will meet via a secure online video conference service platform. I am aware that there may be additional charges from my internet provider.
2. The confidentiality agreements outlined in the original Informed Consent I signed when we started working together are the same for video conferencing and phone sessions.
3. There are many benefits and some risks of video-conferencing that differ from in-person sessions due to the fact that I will not be in the same room as my provider.
4. Recording of video or phone sessions is NOT permitted and that the sessions will not be audio or video recorded at any time and agree that we will disable computer and device-generated recording to the best of our abilities.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, technical difficulties, cannot be predicted. I understand that my therapist or I can discontinue the telehealth session if it is felt that the videoconferencing connections are not adequate for the situation.
6. A built-in camera or webcam for my computer, smartphone or tablet are needed for these sessions.
7. It is important to be in a quiet, private space free of distractions during the session. If I am using my cell phone for the remote session, I will not answer any incoming calls.
8. I will ensure that no one is within hearing or visual range of me or my electronic device during the session. This is especially true for family members or friends.
9. It is important to have a secure internet connection rather than public or free Wi-Fi, which will not provide confidentiality.
10. If my therapist doesn’t already have this information, our safety plan includes at least one emergency contact, in the event of a crisis situation:

Family Member, or Friend, Name, Relationship, and Contact Info.:

Logistics:

- Information about how to use the online video conferencing application will be sent to me prior to the first appointment.
- A back-up plan in the event of technical problems may include restarting the session, or more likely, supplementing with either a teleconferencing number provided for me to call, or using a telephone for audio.
- The video session will be set up for the appointment a few minutes before it is due to begin.
- For phone calls, we will begin the calls at the scheduled time using a teleconferencing number, which will be provided.
- It is recommended that you confirm with your insurance company that video sessions will be reimbursed; if they are not reimbursed, you remain responsible for full payment.

Your signature below indicates you have read and understood this Supplemental Video Conferencing (VC) and Phone Sessions Informed Consent.

Client name (Printed): _____

Signature: _____

Date: _____