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## INFORMED CONSENT FOR TELEHEALTH SERVICES

This informed consent contains important information about engaging in psychotherapy services with me over the internet. It is an addendum to the PSYCHOTHERAPIST – PATIENT SERVICES AGREEMENT you already signed at the beginning of treatment and does not negate or replace that agreement. All aspects of informed consent for treatment in that document apply to telehealth.

Please read the following information specific to telehealth and sign the document to indicate your understanding and agreement.

Benefits and Risks of Telehealth Services – The use of telecommunication technologies (video conferencing and telephone) allows us to have sessions remotely when in-person sessions are not possible or advisable. Telehealth psychotherapy can be about as effective as in-person therapy as long as both parties are comfortable with the technology and as long as the technology is working well. Attempts are made to guard the privacy of sessions, however there is always the possibility of others overhearing your conversation if you are not in a private space. A HIPPA-compliant video conferencing platform is being used. It is important that you use a secure internet connection and not a public WiFi network. I will not record our sessions and I expect that you will not do so either.

Appropriateness of Telehealth Services – There are some situations in which telehealth services are not the most appropriate treatment option. I have the right to discontinue telehealth services if I believe that in-person sessions would be the better treatment option. I am only able to provide telehealth services to people who are physically in the state of Virginia at the time of service.

Safety Plan for Emergencies – Assessing and responding to emergency situations can be more difficult when conducting telehealth sessions. I will need the name and number of someone who you trust who will be near your location at the time of services. This person will only be contacted in the event of a crisis or emergency to assist with assuring your safety. If you are going to be in another part of the state during one of your sessions, you will need to let me know this in advance so that I can be aware of emergency services in that area.

Back-Up Plan for Technology Issues – If we are in a session and it is interrupted due to a technology issue, I will first attempt to reconnect with you on the telehealth platform. It may require both of us to disconnect from the program and start over. If this does not resolve the problem, I will contact you by phone at the number you have provided to see if we can complete the session in that manner.

Billing and financial Arrangements – The fee schedule for telehealth services is identical to the fee schedule for in-person psychotherapy services. Not all insurance companies will cover telehealth sessions and it is your responsibility to check with your insurer prior to our first telehealth session to verify that sessions will be covered.

Cancelations and Missed Appointments – The policy for canceled appointments and missed appointments is the same for telehealth sessions and in-person sessions. You will be charged for sessions that are not canceled 24 hours in advance and for sessions that you are not available for at the agreed appointment time. The only exceptions to this are for illness.

If you have any questions prior to signing this agreement, please discuss them with me. Your signature below indicates that you understand the above information and are willing to comply with its terms and conditions.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number for technology back-up: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone number for Contact: \_\_\_\_\_

\*Please read the TIPS sheet for using telehealth technology for more information about how to prepare for a successful telehealth session. Thanks!