Telehealth Agreement

Video conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide mental health services remotely. The VC system I use (www.zoom.us) meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan or provide your name when you “join” our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances.

Risks 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 non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician 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 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.



Your Name:

Today’s Date:

Your local emergency contacts

Physician or Psychiatrist Name & Telephone number(s)