

ERIN GILBERT, MSW

226 West 26th Street, 8th floor #7, NY NY 10001
www.egtherapy.com / erin@egtherapy.com
T. 646.580.7025

Informed Consent for Video Therapy Sessions

Please read the following video therapy consent and sign below. If you have any questions, please let Erin Gilbert know, and she will be happy to answer them.

1. I understand that I am about to engage in video therapy sessions with Erin. In order to protect my confidentiality and ensure compliance with HIPAA, Business Associate Agreements have been obtained from the video servicing companies being utilized, and are available for my inspection if desired.
2. I understand that the video conferencing technology will not be the same as an in-person session with a provider due to the fact that I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruptions when I start the session.
3. I understand the potential risks to this technology include interruptions, unauthorized access and technical difficulties. I understand that Erin or I can discontinue the video therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
4. Erin agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform Erin if there is another person present during the session or if I wish to tape the session.
5. I understand that there are alternatives to a video therapy session available, including the option of finding another provider to see in-person if available in my area.
6. I understand that I can direct questions about video therapy at any time to Erin.
7. I understand that this consent will last for the duration of the relationship with Erin, including any additional video therapy sessions I may have. I can withdraw my consent for a video therapy session at any time, and Erin will work with me to find a suitable alternative.
8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in-person session.
9. I agree to work with Erin to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.
10. I understand that Erin may decide to terminate video therapy services if she deems it inappropriate for me to continue therapy through video sessions. Erin will work me to identify another provider for in-person care.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedures.
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I agree to participation in a video therapy sessions with Erin Gilbert.

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Acknowledgement of Receipt of Informed Consent for Video Therapy Sessions

I have read the Informed Consent for Video Therapy Sessions and consent for myself or my child to receive psychotherapy services under the terms outlined.

Signature of Client or Representative: _____

Printed Name of Client or Representative: _____

If Not Client, Relationship to Client: _____

Date: _____