

KEVIN ALBERT, PSY.D., P.C.

## **TELECONFERENCE CONSENT AND AGREEMENT**

Video conferences and phone interviews are a convenient and at times necessary, i.e during the pandemic, alternative to in-person meetings. They may however involve potential risks to confidentiality. Dr. Albert uses Zoom as his video conference service and cannot guarantee that this is without risk to privacy. By signing this agreement, you accept that risk.

You also agree to maintain a private environment during your participation in any video conference or phone call with Dr. Albert. Specifically: you allow any child interview to be private and agree to not record any call or meeting or any portion of a call or meeting without Dr. Albert's written consent.

By signing this consent form, you agree to waive any claim or right of action against Dr. Albert for any matters arising out of good faith functions Dr. Albert performs under this agreement. You also agree to hold him harmless for any negative impact that may be perceived as a result of using video conferencing services or phone interviews.

I (print your name) \_\_\_\_\_,

consent to using video conferencing services and phone interviews as a mode of communication with Dr. Albert under the conditions detailed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date