

## SACRAMENTO CENTER FOR PSYCHOTHERAPY

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### **Patient -Therapist Telehealth Video Conferencing Information and Agreement – 7/20/2020**

This agreement adds to the information and agreements from the Patient-Therapist Agreement which you have previously read and signed.

Virtual “face-to-face” sessions or VC (Video-Conferencing) are real-time interactive audio and visual technologies that enable a clinician to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other special circumstances. The VC system used in my practice is Zoom and meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan when you “join” an online meeting. When you enter the meeting you can click on the three dots on the top right corner of your picture to rename yourself so that only your first name shows in order to protect your privacy in group sessions. You should then be able to save that name for future sessions. If you have trouble connecting at the time of the session, please call me on my phone.

Here is a link that is helpful if you are not familiar with Zoom. I recommend that you experiment with it ahead of your sessions; it will show you how to join a meeting, and how to check your audio and video.

<https://support.zoom.us/hc/en-us/articles/201362193-How-Do-I-Join-A-Meeting->

Please read and note that:

- There are many benefits and some risks of video-conferencing that differ from in-person sessions.
- Confidentiality agreements that are always integral to your care, are the same for telepsychology services.
- Recording of sessions is NOT permitted.
- A webcam needs to be used during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is imperative that no family member or friend is in hearing or visual proximity to you or to your electronic device during the session.
- It is important to have a secure internet connection rather than public/free Wi-Fi.
- In order to be punctual please set up for the appointment at least 5 minutes before it is due to begin. You may be admitted to a virtual waiting room.
- A back up plan in the event of technical problems may include restarting the session, or more likely supplementing with a phone for audio.

- Our safety plan includes at least one emergency contact and your location during the call.
- If you are not an adult, the permission and contact information of your parent or legal guardian is required for you to participate in telepsychology sessions.
- It is recommended that you confirm with your insurance company that video sessions will be reimbursed; if they are not reimbursed, you are still responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate for you, and that we should resume our sessions in-person.

By signing this document, you are stating that you are aware that I 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.

Below, please include the names and telephone numbers of your local emergency contacts as well as the physical address from which you will be connecting.

Physician or Psychiatrist Name & Contact Info:

\_\_\_\_\_

Crisis Hotline or Crisis Center Phone #s:

\_\_\_\_\_

Family Member Name & Relationship Contact Info:

\_\_\_\_\_

Friend's Name and Contact Info:

\_\_\_\_\_

Physical Address During Call:

\_\_\_\_\_

**Your signature below indicates that you have read and agree to this Patient -Therapist Telehealth Video Conferencing Information and Agreement – 7/20/2020**

Client name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a minor:

Parent's name: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_