## Sample Basic

## Supplemental Informed Consent for Video Conferencing (VC)

**and**

**Phone Sessions**

**Your Letterhead Here**

Your name

**Your License Number**

Your Office Address

Your Phone Number

Your email address

This agreement adds to the information and agreements from the Informed Consent document you read and signed when we first started working together.

Video Conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide you services remotely. Treatment delivery via VC is being offered to provide continued contact during the COVID19-virus and other natural disasters. The VC system used in my practice (www.SecureVideo.com) meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan when you “join” an online meeting. Please review, sign and return this consent form via email or snail mail.

**I understand:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (provider’s name) has offered to provide services to me through video conferencing and/or telephone. We will meet via a secure online video conference service platform. I am aware that there may be additional charges from my internet provider.
2. The confidentiality agreements outlined in the original Informed Consent I signed when we started working together are the same for video conferencing and phone sessions.
3. There are many benefits and some risks of video-conferencing that differ from in-person sessions due to the fact that I will not be in the same room as my provider.
4. Recording of video or phone sessions is NOT permitted and that the sessions will not be audio or video recorded at any time and agree that we will disable computer and device-generated recording to the best of our abilities.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access, technical difficulties, cannot be predicted. I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (provider’s name) or I can discontinue the telehealth session if it is felt that the videoconferencing connections are not adequate for the situation.
6. A built-in camera or webcam for my computer, smartphone or tablet are needed for these sessions.
7. It is important to be in a quiet, private space free of distractions during the session. If I am using my cell phone for the remote session, I will not answer any incoming calls.
8. I will ensure that no one is within hearing or visual range of me or my electronic device during the session. This is especially true for family members or friends.
9. It is important to have a secure internet connection rather than public or free Wi-Fi, which will not provide confidentiality.
10. If \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (provider’s name) doesn’t already have this information, our safety plan includes at least one emergency contact, in the event of a crisis situation:

 Family Member, or Friend, Name, Relationship, and Contact Info.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Logistics:**

* Information about how to use the online video conferencing application will be sent to me prior to the first appointment.
* A back-up plan in the event of technical problems may include restarting the session, or more likely, supplementing with either a teleconferencing number provided for me to call, or using a telephone for audio.
* The video session will be set up for the appointment a few minutes before it is due to begin.
* For phone calls, we will begin the calls at the scheduled time using a teleconferencing number, which will be provided.
* It is recommended that you confirm with your insurance company that video sessions will be reimbursed; if they are not reimbursed, you remain responsible for full payment.

Your signature below indicates you have read and understood this Supplemental Video Conferencing (VC) and Phone Sessions Informed Consent.

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed)

Name of Patient/Patient’s Legal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed)

Signature of Patient/Patient’s Legal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE FOR THERAPISTS:**

It is strongly recommended that this consent form as well as your Consent for Services, etc. all be provided in 14 point font.

This template does not include the detailed language used for children, individuals and groups who are at high risk of suicide or have complicated medical situations. Please refer to the resources below and modify this template to fit the needs of your particular treatment demographic, and information that may not yet be in your Consent for Treatment. For example, this template does not include items like:

* We also need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
* 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 (including local physician; crisis hotline; trusted family, friend, or confidant). None of these will be contacted unless you are in imminent danger.
* Physician or Psychiatrist Name & Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Crisis Hotline or Crisis Center Phone #s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) 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 remain responsible for full payment.

When doing online or phone sessions, it is especially important to have easy access to contact information for crisis lines, women’s shelters, and available emergency psychiatric resources, to share with clients if necessary.

**ADDITIONAL RESOURCES**

* American Group Psychotherapy Association’s resources, especially the Internet, Social Media, and Technology, Special Interest Group, ISIG’s documents, group telehealth, disaster and more
* American Psychological Association Guidelines for the Practice of Telepsychology:

https://www.apa.org/practice/guidelines/telepsychology

* [“Telepsychology Best Practice 101”](https://apa.content.online/catalog/product.xhtml?eid=15132) online CE course. Review APA’s [Telepsychology Practice Guidelines](https://www.apa.org/practice/guidelines/telepsychology) and more
* CA Board of Psychology Notice to Consumers about telehealth: (Or your state’s licensing board) https://www.psychology.ca.gov/consumers/internet\_thrpy.shtml.
* Weinberg, H. & Rolnick A. (eds.) (2019) [Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Families, Groups](https://www.routledge.com/Theory-and-Practice-of-Online-Therapy-Internet-delivered-Interventions/Weinberg-Rolnick/p/book/9781138681866), and Organizations. New York: Routledge
* [www.PsychotherapyTools.com](http://www.PsychotherapyTools.com) Website for psychotherapists with additional resources will be updated <https://www.psychotherapytools.com/telehealth.html>

**Disclaimer for Therapists:** This information does not represent legal advice and should not be relied upon as such. The field of Telehealth is constantly evolving. This template is designed to be modified over time and in accordance with the needs of your particular practice. As with all legal matters, check with your malpractice carrier and/or an attorney practicing in your state who is familiar with mental health practice issues.

Created by Ann Steiner, Ph.D., as a living document with the contributions of Shendl Tuchman, Psy.D., among others, drawing on and with appreciation for the perspectives of countless other authors. This material is part of a section dedicated to online group work in *How to Create and Sustain Groups that Thrive: Therapist's Workbook and Planning Guide,* to be released May, 2020, New York: Routledge.

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