

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.:
 Name: _____
 Relationship: _____
 Phone: _____
 Address where I will be calling from: _____

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.

Client name: _____ Date of birth _____
(Printed)

Signature: _____ Date _____

NOTE FOR THERAPISTS:

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. 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.
- For patients under 18 consider adding this language: 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.

When doing online sessions, it is 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 Psychological Association’s [Information Hub](#) is designed to be a one-stop-shop for updated information on psychology practice at the federal level and across the country – e.g. licensing, regulations, reimbursement, and professional issues.
- American Psychological Association Guidelines for the Practice of Telepsychology: <https://www.apa.org/practice/guidelines/telepsychology>

- [“Telepsychology Best Practice 101”](#) online CE course. Review APA’s [Telepsychology Practice Guidelines](#).
- The American Group Psychotherapy Association has a rich collection of [resources, online courses, etc. for group telehealth, and disaster](#)
 - 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](#), and Organizations. New York: Routledge.

Dr. Steiner’s website for therapists will continue to 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.

Last updated: April 16, 2020.