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Consent to Participate in Telehealth Psychotherapy

Therapy services conducted through the internet, telephone, or phone video services are called "telehealth."

Participating in Telehealth Psychotherapy puts a larger burden on the client for creating and maintaining confidentiality. For these reasons, it is only appropriate in circumstances in which meeting in person is either not possible or unwise. You are being asked to sign this consent because one of those circumstances applies.

If at any time you feel you cannot refrain from serious suicidal ideation, please call 911 or text the Suicide National Hotline at 988.

Please read this document carefully. At the end, you will be asked to sign it. This will represent a legal agreement between us.

Requirements and RIsks

1. **Privacy:** I will assure that the space in which I conduct telehealth sessions is completely confidential. I ask that you assure that on your side as well. It is very important that you have a private space where you will not be interrupted or overheard.

2. **Confidentiality:** I will be using the **doxy.me** telehealth service. It is HIPAA compliant. My laptop is also password protected, meaning no one else can access my account. No software download or account creation is required by you. You will receive an invitation from my account when I schedule with you. You then simply click that link to join my "waiting room." I will open the video session at the scheduled start time of our meeting. If you would like to learn more about doxy.me prior to signing this consent form, go to https://doxy.me/patients.

3. **Access:** You will need a device that has a camera and microphone. You will also need an internet installation of either Chrome, Firefox, or Safari. Equipment may not work properly, leading to a disruption in the session. Such a disruption might be distressing to you. I will do my best to assure that my equipment and internet services are in good working condition. I encourage you to do the same. But, I will not have control over the internet provider's ability to maintain continuity of service nor will you. If your service is disconnected for any reason, rejoin the session when you can. If my service is disrupted, I will restart as soon as possible and re-invite you. If it cannot be restarted via doxy.me, I will call you right away to let you know.

(Turn Over)

4. **Efficacy:** Some research suggests that telehealth psychotherapy can be as effective as in person services. I do believe though that something is lost by not being in person. However, I am confident that we can still create the essential benefits of psychotherapy via telehealth. We will evaluate this together. I want to know your impressions about efficacy of this method after a few sessions.

Billing

Currently, most insurance companies are allowing the same coverage as in-person sessions. These companies are attempting to make allowances for the need of telehealth as a viable option for continued services as well as those (services) for new clients.

This agreement is a supplement to the general informed consent you signed at the beginning of treatment. Please understand that you are under no pressure to sign this consent form. I have established verbal consent from all clients that have been utilizing teletherapy. This document just serves as a written record of our verbal contract. Phone sessions are considered telehealth and will be offered if video session are not an option or it is your preference.

Your signature below indicates that you understand the risks and requirements and agree to participate in Telehealth Psychotherapy.

_____

Signature Date

_____

Printed name

Please return this signature page to: Douglas Bennett, Ph.D., 3 West Main Street, Westerville, OH 43081. Or print, scan, or take a picture and email to: doug.bennett@bennettevolution.com.