

PATIENT-THERAPIST TELEHEALTH VIDEO CONFERENCING INFORMATION AND AGREEMENT

This agreement adds to the information and agreements for the Informed Consent Patient-Therapist Agreement you have previously read and signed about in-person therapy sessions.

Virtual “face-to-face” sessions or VC (Video Conferencing) is a real-time interactive audio and visual technology that enables a clinician to provide mental health services remotely.

Treatment delivery via VC may be a preferred method due to the convenience, distance or other special circumstances. The VC system used in my practice (Doxy.me - pro) meets HIPAA standards of privacy and encryption protection. You will not have to purchase a plan or provide your name when you “join” an online meeting.

To sign in to doxy.me to meet with me, search for doxy.me/drwilliamsplunkett . It is best if you use your computer, where you would use Chrome to search. If you use an ipad or an iphone, use Safari to search. I recommend that you experiment with it ahead of your sessions. Please text or call me at 410-804-2569 if you are having problems.

Please note:

- You need to have a secure internet connection rather than a public/free Wi-Fi.
- Our emergency plan will include, at the start of every session, verifying the address you are at, a phone number I can reach you at, and an emergency contact number. This is standard practice.
- There are benefits and risks of video-conferencing that differ from in person sessions. We may decide that video-conferencing is not good for you, and plan to help you with some other treatment.
- If you are under 16 or are still using your parent’s for payment, you will need their permission to use telepsychology. Under most circumstances, I encourage the agreement to services includes the parents.
- Confidentiality agreements, always integral to your care, are the same for telepsychology services. This includes that I can break confidentiality if you are of imminent, serious danger to yourself or someone else; or sometimes if there is child/elder abuse discussed.
- Recording sessions is NOT permitted.

- You will need a credit card to pay me.
- A webcam or smartphone, with video and audio capacity, needs to be used in the session.
- It is imperative that you are in a private place, with no other distractions (e.g., cell phone, TV,) during the session.
- No one else should be present, unless that person is someone we both invite to participate in the session. .
- In case there are video glitches, the back up plan may include restarting the computers, but most likely will be resorting to a phone session.
- I recommend that you confirm with your insurance company whether your telepsychology sessions will be reimbursed. If they are not, you are responsible for my whole fee.

By signing this document, you are acknowledging all the above conditions. You are also stating that you are aware that, in case of an emergency where I believe there is imminent serious harm to you or others, I expect you to seek emergency care immediately through your local hospital Emergency Room or calling 911; and that I will call 911 as well.

Please include the names , phone numbers, and locations of emergency contacts for you:

EMERGENCY CONTACT:(name,phone) _____

PHYSICIAN:(name,phone)_____

PSYCHIATRIST: (name,
phone)_____

THANK YOU. Your signature below indicates that your have read and understood this Telehealth Informed Consent Agreement.

Client printed name_____ Date of Birth_____

Client signature_____ Date_____