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TELEHEALTH VIA VIDEO CONFERENCING AGREEMENT

During these extraordinary times, it may be possible for treatment delivery to occur via interactive video-conferencing (i.e. virtual "face-to-face" sessions) in lieu of or in addition to sessions at the office. Video conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide mental health services remotely. The VC system I use https://doxy.me is HIPPA compliant, meaning that it meets standards of encryption and privacy protection, but I can not guarantee privacy. You will NOT have to purchase or download anything to "join" the online meeting. At the time of our appointment, I will email you a meeting invitation. Just click on the link and type your first name in. Use of this service requires either a computer, tablet or cell phone with a good internet connection, a camera, and a microphone. The secure link to connect for a scheduled session is: https://doxy.me/drpletter.

Video conferencing should be treated in the same manner as you would a session in office. Make sure to have a *private place* without the likelihood of interruptions if possible. Headphones may be helpful. Risks to VC in general may include (but are not limited to): potential lack of reimbursement by your insurance company, calls being dropped or other technical difficulties during the call, or a breach of information beyond my control. Clinical risks may include a discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if personal safety concerns arise.
Below, please include the names and telephone numbers of **your local emergency contacts**:

_____

Physician or Psychiatrist Name Telephone Number

_____

Local Emergency Contact Name Telephone Number

By signing this document you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code will include the modifier of 95 to indicate a telehealth session) via video conferencing.

_____

Signature Date

_____

Print Name

_____

Parent/Legal Guardian Signature if patient is a minor Date