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Telemental Health Informed Consent

When we cannot meet in person due to health or other concerns, videoconferencing is an option available to us.

I hereby consent to engage in telemental health (internet based therapy) with Leslie G. Cohn, Ph.D. as the main venue for my psychotherapy treatment. I understand that telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communication.

All protections and limitations of HIPAA are the same for online therapy as they are in person, as outlined in the Privacy Policies you have already received. Confidentiality still applies for telepsychology services. Sessions will not be recorded without permission from all involved parties.

I understand that I will need to download an application to use this platform. I also need to have a broadband Internet connection or a smart phone device with a good cellular connection at home or at the location deemed appropriate for services. The secure, HIPAA compliant server to be used is VSee or Doxy.me from a computer, phone, or tablet.

Clients paying out-of-pocket for therapy will pay the same fee as when we meet in person. It is ultimately your responsibility to determine if your insurance carrier will cover telemental health appointments. Please contact your plan administrator to learn about the details of coverage for your plan. Telehealth services are likely to be covered by your insurance (especially if it is Washington-based) based on laws in WA state. Co-payments will still apply. If the insurance company will not authorize this service, we will make other arrangements.

As we must respect the time we each commit to our meetings, the regular cancellation policy applies to telehealth sessions. The full session fee for cancellations without 24 hours notice will apply. If you are ill or having an emergency, please contact me as soon as possible and we can attempt to make other arrangements if possible.

Session Structure:

It is important to maintain a setting that is as similar to being in an office together as possible. Maintaining the structure of the setting is critical. In order to have effective online therapy sessions, the following guidelines must be followed:

- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- Please place your device on a steady surface throughout sessions rather than holding it in your hand if this can be avoided. It is also helpful to be in a set location rather than moving about.
- Make sure that you are in a private location where your sessions cannot be overheard by others. Please adjust the volume on your device to ensure your privacy, or wear headphones. You are required to inform me if there is anyone in the room with you, or who you believe may overhear the session. Others may not be invited to sessions without discussing this with me first.
- Lighting may need to be adjusted so that we can communicate effectively
- Please try to minimize background noise and distractions.
- We 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. There is space for this information at the bottom of the form; please complete it.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
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Client Rights:

I understand that I have the following rights with respect to telemental health:

- I have the right to withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my medical information also apply to telemental health. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- I understand that telemental health based services and care may not yield the same results nor be as complete as face-to-face service. I understand that I may benefit from telemental health, but results cannot be guaranteed or assured. The benefits of telemental health may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are

minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

Safety Measures

If an emergency arises during a video-conference, I will need to be able to contact a support person to assist you and to be able to direct emergency services to the correct address to help you. Please provide these here:

Your phone number: _____

Address where you will be when sessions will be conducted (please advise Dr. Cohn if your location is different for any given session):

Emergency support person name: _____

Phone number: _____

Address: _____

Agreement

I have read the above information on video-conferencing psychotherapy, the limitations, benefits, fees, and the confidentiality caveats. With this understanding, I wish to participate in video-conferencing psychotherapy sessions when health or other concerns prohibit our being able to meet in person.

Signature

Date

Signature of Provider

Date