kbl scottsdale counseling & consulting

INFORMED CONSENT FOR VIDEO THERAPY SESSIONS

Please note: This consent is in addition to the standard consent for therapy and not intended to be exhaustive.

CLIENT NAME

Thank you for choosing to work with Kay Butler-Lueking, LPC through Telehealth. Please read the following video therapy consent and sign below. If you have any questions, please let me know and I will be happy to answer them.

- I understand that I am about to engage in a video therapy session with Kay Butler-Lueking, LPC
- I understand that the video conferencing technology will not be the same as in-person, with a provider, due to the fact that I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruption when I start the session.
- I understand the potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my provider or I can discontinue the video therapy session if it is felt that videoconferencing connections are not adequate for the situation.
- My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present during the session or if I wish to tape the session.
- I understand that there are alternatives to video therapy sessions available, including phone sessions or the option of finding another provider to see in-person, if available in my area.
- I understand that I can direct questions about this video therapy session, at any time, to my provider.
- I understand that this consent will last for the duration of the relationship with my provider, including any additional video therapy sessions I may have. I can withdraw my consent for a video therapy session at any time.
- I understand the same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session, as they would to an in-person session.
- I agree to work with my provider to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.
- I understand that my provider may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through video sessions.
- I understand that I have multiple options for video conferencing, including HIPAA compliant platforms like Doxy.me and some Zoom connections. I also understand I can choose to use Skype or FaceTime, which do not have HIPAA compliance, but have been approved for use by the Department of Health and Human Services Office for Civil Rights (OCR) for the duration of the COVID-19 public health emergency.

BY SIGNING THIS FORM, I CERTIFY:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedures(s).
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- I agree to participate in a video therapy session(s) with Kay Butler-Lueking, LPC

SIGNED DATE