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**TELEHEALTH VIA VIDEO CONFERENCING AGREEMENT**

After intake and the establishment of a therapeutic relationship, 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, “in-person” sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables Dr. Witkin to provide mental health services remotely. The VC system Dr. Witkin uses (<https://vsee.com>) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state.

Telehealth via video conferencing may be a particularly beneficial way to conduct exposure-based CBT because it enables exposures to be conducted in real-world settings when the client and clinician are in different locations.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with Dr. Witkin, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting nonverbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Dr. Witkin will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

By signing this document, you are stating that you are aware that your provider may contact your emergency contact person or the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.



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Patient's Name: \_\_\_\_\_

**Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).**

Physician or Psychiatrist Name & Relationship: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Crisis Hotline and local Crisis Center Names: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Family Member Name & Relationship: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Friend Name & Relationship: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

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 Dr. Witkin and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of 95) via video conferencing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**If for minor:**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name(s) of minor as well as parent/legal guardian: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_