

# Daniela Roher, PhD LPC

## Informed Consent for Treatment using Teletherapy Services

I, \_\_\_\_\_, agree to participate in teletherapy with Daniela Roher, PhD LPC.

This means that all my therapy sessions will be provided electronically, not face to face.

Dr. Roher has explained how the teletherapy system works and how it will be used for my treatment.

Dr. Roher has explained how this service will differ from face-to-face sessions, including emotional reactions that may arise due to technology use.

I understand that Dr. Roher will not be physically present during my teletherapy session. Instead, we will see each other electronically.

Dr. Roher has explained the risks and benefits of receiving teletherapy. I understand that I still may need to see a specialist in person.

I authorize the release of information pertaining to me determined by my mental healthcare providers or by my insurance company for the purpose of processing insurance claims, when applicable.

I am aware that there are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

Confidentiality still applies for teletherapy services, and nobody will record the session without the permission from the other person(s).

I agree to use the video-conferencing platform selected for my virtual sessions, and its use will be explained to me. The platform used by Dr. Roher is a HIPAA-compliant ZOOM program that is end-to-end encrypted.

I need to use a webcam or smartphone during the session.

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.

It is important to be on time. If I need to cancel or change my tele-appointment, I must notify Dr. Roher 24 hours in advance. In case of no-show, same rules apply as the face-to-face sessions.

We will have a back-up plan (e.g., phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems.

And a safety plan will be set in place that includes at least one emergency contact and the closest emergency room to my location, in the event of a crisis situation.

I understand that at any time, I may decide to discontinue teletherapy sessions with my provider.

Dr. Roher will refer me to a local mental health provider who can provide face-to-face services.

Here are the names and phone numbers of my local emergency contacts:

Next of kin \_\_\_\_\_

Primary care physician \_\_\_\_\_

Hospital Emergency Room \_\_\_\_\_

*I voluntarily consent to participate in tele-mental health services using videoconferencing equipment for the care, treatment, and services necessary and advisable under the terms set forth herein.*

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

*Print name*

*Sign name*