



Client Information and Consent for Teletherapy

Introduction:

Teletherapy is the delivery of mental health services using interactive audio and visual electronic systems where the provider and the client are not in the same physical location. The interactive electronic systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of client information and audio and visual data.

Doxy.me is the system used by Dr. Anne Bisek to provide continued contact during the COVID19-virus outbreak. The doxyme system meets HIPAA standards of encryption and privacy protection.

I, _____ understand this agreement adds to the information and agreements from the Informed Consent document I read and signed when treatment began with Dr. Anne Bisek.

I understand:

Teletherapy – Doxy.me will be used solely for the purpose of teletherapy and not for billing, documentation or assessments. I will not have to purchase a plan or subscription when I join an online meeting. This agreement includes telephone sessions as well as sessions through the Doxy.me system.

Limitations and Potential Risks – The evaluation and treatment of my condition may not be as complete as it would be if we were both in the same room. Communication (eye contact, use of silence, simultaneous talking) may not be as direct or seen as authentic due to slow internet speed or placement of the camera. As with any healthcare service, there may be risks associated with the use of teletherapy. I have discussed the following with Dr. Anne Bisek: technical failures, transmission interruptions and unauthorized access to sessions.

Alternatives - There are many alternatives to teletherapy including, but not limited to a referral to a different provider, ceasing therapy for a time, self-help books, crisis hotlines or traditional face-to-face sessions with Dr. Bisek when possible.

Consent - I have the right to withhold or withdraw my consent to the use of teletherapy at any time during the course of my care or treatment. Dr. Anne Bisek has a right to withdraw her consent for the use of teletherapy at any time if she does not think this is in my best interest.

Privacy - I understand that the laws that protect the privacy and confidentiality of the therapeutic information also apply to teletherapy.

Plan for disruption - If the video platform is too slow, cannot establish a connection, or encounters other technical failure or disruption any time within a session, we will, upon mutual agreement switch to using a landline connection for an audio-only session.
Dr. Bisek's landline is 510-797-4911.



Plan for emergency - Telehealth does not include the provision of emergency services.

If I am experiencing a psychiatric emergency and/or technology fails, I can contact:

Safe Call Now 1-206-459-3020

CopLine 1-800-267-5463

National Suicide Prevention Hotline 1-800-273-8255

Dr. Bisek may contact the following person in the event of a crisis situation:

_____ (name of emergency contact) _____ (relationship to patient) _____ (phone number)

Patient responsibilities - It is important to have a secure internet connection rather than a public or free Wi-Fi. Although systems vary, a wired connection is oftentimes better than wireless connection.

- I will provide a built-in camera or webcam for my computer, smartphone or tablet for the session.
- I will ensure that no one is within hearing or visual range of me or my electronic device during the session. It is important to be in a quiet, private space free of distractions (food, games, family members, co-workers, pets) during the session. _____ (initial)
- If I am using my cell phone for the remote session, I will not answer any incoming calls, texts or respond to other notifications. _____ (initial)
- If I am using my health insurance to pay Dr. Anne Bisek, I will confirm that teletherapy sessions will be reimbursed at the same rate as in person visits or make other arrangements for payment. _____ (initial)

Our agreement

Recording of video or phone sessions is NOT permitted at any time by either party.

We agree to disable computer and device-generated recording while sessions are in progress.

I have read and understand the information provided above regarding teletherapy, have discussed it with Dr. Anne Bisek and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of teletherapy in my psychotherapeutic care and authorize Dr. Anne Bisek to use teletherapy in the course of my diagnosis and treatment.

Print Name

Print Name

Signature of client

Date

Signature of client

Date

Anne Bisek, Psy.D.

Date