

## **Lana Isaacson, LLC~ Informed Consent for Technology Assisted Therapy/Teletherapy**

The purpose of this document is to inform you, the client, about many aspects of video therapy services: the process, the therapist, and the guidelines.

**Please read this entire document, initial where requested, and sign the bottom.** This document is an addendum to the previously signed Mandatory Disclosure form and applies to all video therapy sessions and scheduling.

I hereby consent to engage in HIPPA compliant technology assisted therapy (i.e. teletherapy) with Lana Isaacson, LLC. I understand that teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental health information. **I understand that I have the following rights & responsibilities:**

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general Policies and Consent forms provided when I began therapy with Lana Isaacson, LLC.

3. I understand that there are risks and consequences from teletherapy, including, but not limited to the possibility, despite reasonable efforts on the part of Lana Isaacson, that:

the transmission of my information could be disrupted or distorted by technical failures, the transmission of my information could be interrupted by unauthorized persons and/or the electronic storage of my medical information could be accessed by unauthorized persons.

4. Technology: Teletherapy may include but are not limited to the use of computer hardware/and or software, tablets, phones or other electronic devices and internet based applications. Teletherapy is provided utilizing technology and there are inherent risks with internet or other connectivity.

By initialing here \_\_\_\_\_, you agree that, should either your connection or your therapist's connection disrupt your session causing your session to end prematurely, your session fee will be prorated according to the number of minutes spent in session, calculated from minute one. Sessions that reach 75% completion or more will be subject to the full session fee.

**Lana Isaacson promises** to always ask me to end the call at the end of my session. This way, if she ever gets disconnected from me, I would know that it was only due to a technical difficulty.

5. Misunderstandings are possible with teletherapy. Even with video specific software, misunderstandings may occur, since bandwidth is always limited and images provide less detail than we are able to experience in person. Therapists are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. Also, there may be cultural, language, or vernacular differences that may affect delivery of services. If you have never engaged in online therapy before, have patience with the process and clarify information if you

think your therapist has not understood you well. Be patient if your therapist asks periodically for clarification as well. It is their way of ensuring they are capturing your authentic experience.

6. The client is expected to be present and on time for all appointments. Please keep in mind that you are responsible for cancelling or rescheduling any scheduled appointments in compliance with my standard 24-hour cancellation policy. Any cancellations or requests to reschedule appointments that are received within 24 hours of the scheduled session time will be assessed the full session fee. By initialing here \_\_\_\_\_ you agree to Lana Isaacson, LLC's 24-hour cancellation policy.

7. Although the internet provides the appearance of anonymity and privacy in therapy, privacy is more of an issue online than in person. The therapist has a right to his or her privacy and does not authorize the recording of any sessions at any time. By initialing here \_\_\_\_\_ you agree that you will not record any video therapy sessions with Lana Isaacson.

8. **Maintaining client confidentiality is extremely important to Lana Isaacson** and she will take care and consideration to prevent unnecessary disclosure. Information about the client will only be released with their permission with the exceptions of the situations in the Mandatory Disclosure form.

9. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if Lana Isaacson believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not be improve, and in some cases may even get worse.

10. I understand that while I may benefit from teletherapy, the results cannot be guaranteed or assured.

11. I accept that teletherapy does not provide emergency services. During our first teletherapy session, Lana Isaacson and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. In case of an emergency, and you are concerned for my safety or the safety of those around me, I authorize you to call my emergency contact \_\_\_\_\_ who is at \_\_\_\_\_ (phone number). I understand my therapist will only contact this person in the case of extreme emergency and will limit the disclosure of any information to what is minimally necessary to ensure my safety.

12. I understand that I am responsible for: providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, the security information on my computer, and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions.

**By signing this Informed Consent, I acknowledge that I have read and understand everything.**

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Client(s) Signature(s)

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Date