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CONSENT TO THE USE OF TELEHEALTH IN TREATMENT

Client's name _____ Date of birth _____

Email address: _____

1. I understand that my psychotherapist is offering me the opportunity to engage in telehealth (video conferencing).
2. I understand that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that either my psychotherapist or I can discontinue the telehealth session if either of us concludes that the video-conferencing connections are not adequate for the situation.
3. I understand that the laws that protect privacy and confidentiality also apply to telehealth, and that doxy.me (the encrypted internet platform to be used for telehealth) is HIPAA-compliant. At the end of each session, doxy.me destroys all records specific to the individual client.
4. I understand that, just as with in-person sessions, limited information may be shared with other individuals for billing purposes. The usual HIPAA regulations for confidentiality apply.

I hereby authorize Kim M. Collier, Ph.D., to use telehealth in the course of my treatment.

Signature of Client: _____ Date: _____

_____ (initial here) A copy of this consent form is available on my website:
kimcollierseattle.com

Additional Guidelines for the Consent To The Use Of Telehealth Services

There are potential benefits and risks of video-conferencing (the possibility that transmission of services could be disrupted or distorted by technical failures or that misunderstandings can more easily occur) that differ from in-person sessions.

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

You 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. Plan to have proper lighting so that I can best communicate with you.

It is important to use a secure internet connection rather than public/free Wi-Fi.

It is important to be on time. If you need to cancel or change your tele-appointment, please notify me in advance by phone (206 724-5361).

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

My research indicates that your insurance company will pay for teletherapy in a manner similar to in-person sessions. If we determine your insurance company will not pay, we will need to formulate a new plan for how to proceed with therapy.

As your therapist, I may determine that telehealth is no longer appropriate or effective and that we should resume our sessions in-person when that is deemed safe to do so.