

Addendum to Informed Consent For for Teletherapy Services

I consent to engage in teletherapy with Jeri Kramer, PsyD. 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 information, both orally and visually. I understand that I have the following rights with respect to teletherapy:

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 Informed Consent that I received prior to our first session.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility that despite reasonable efforts on the part of Dr. Kramer: a) the transmission of my information could be disrupted or distorted by technical failures; b) the transmission of my information could be interrupted by unauthorized persons; and/or c) the electronic storage of my medical information could be accessed by unauthorized persons.

4. 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 Dr. Kramer 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.

5. 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.

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

Name of client

Signature of client (or guardian if client is a minor)

Date