

Lehigh Psychological Services
5920 Hamilton Blvd. Suite 103 Allentown, PA 18106
Office: 610-395-5188
FAX: 610-395-0466
Website: www.Lehighpsych.com

Consent for the Utilization of Teleconference Programs and Agreement to Terms

I, _____ DOB _____ DATE _____
Print (Client)

Address _____

AND I, _____ DOB _____ DATE _____
Print (Name of person who may be joining telepsychotherapy sessions via Teleconference Program;
henceforth known as "Invitee")

Address _____

request to be involved in teleconferencing psychotherapy sessions until such time I/we terminate this consent with signed letter delivered to Lehigh Psychological Services whereby the effective date of termination will be the date the letter is received by Lehigh Psychological Services.

IMPORTANT

We utilize the "Doxy.me" teleconferencing program that was developed just for psychotherapists to deliver telepsychotherapy. Doxy.me has been developed in a secure and compliant manner that meets administrative, technical, and physical control requirements defined by HIPAA. It is one of the preferred HIPAA compliant platforms to deliver telepsychotherapy today. It's safe and easy to use, nothing to download on your device. It's user friendly. The therapist simply texts you or emails you an invitation to have a session (indicate your preference for "text" or "email" invitation below); you tap or click on the link provided in the invitation. Once open, the platform may ask you to enable the camera then will ask you to allow microphone to be used. Once done, you'll be asked to type in your name; only your first name is necessary. Once you enter your name you will be in the "waiting room" awaiting your therapist to connect to you. It's that simple. Please be sure you are in a private room so you are comfortable with your private discussion.

TERMS

Your signature below indicates:

- 1) You will take your teleconferencing sessions in a private room.
- 2) You have addressed concerns and/or questions with your Therapist regarding telepsychotherapy and teleconferencing programs and are satisfied with the answers provided.
- 3) You are requesting teleconference as a mode of communication to facilitate psychotherapy sessions; this is not being required by your Therapist.
- 4) You understand this agreement can be terminated at any time by either party with a written and signed request delivered to Lehigh Psychological Services at the address listed above.
- 5) You understand that this Agreement will remain in effect until such time one party; either Client or Invitee, or both parties listed above terminate this agreement. Termination date will be the date your therapist receives the termination request letter.
- 6) You understand telepsychotherapy is **not** recommended for crisis situations and will not be utilized at any time under any situation or circumstance whereby the Therapist believes it will not be beneficial to the parties involved or the circumstances surrounding use is not appropriate. The use of telepsychology and telepsychology programs is at the discretion of the Therapist.
- 7) You understand Lehigh Psychological Services nor your Therapist is responsible for lost connections during a teleconferencing session and if appropriate will try to reconnect to you via Doxy invitation or sessions will continue with the client via phone at the discretion of the Therapist.
- 8) You understand and agree that we will bill your in-network insurance company for your telepsychotherapy session and if for any reason whatsoever your insurance company denies your claim, or fails to pay your claim for telepsychotherapy services, you will be wholly responsible for the fees incurred for each date of service performed. Please check your insurance policy to be certain your plan covers telepsychotherapy with a Clinical Psychologist.

My signature below indicates I have read the “*Consent for the Utilization Teleconferencing Programs and Agreement to Terms*” in its entirety and I understand its contents and agree to all terms set forth. I will not teleconference in a public place and will take measures to be reasonably certain the environment surrounding the telepsychotherapy session is private to maximize confidentiality. I will not record the telepsychotherapy/teleconference.

A copy of this signed and dated document will be treated as valid as the original.

DATE _____
Client’s Signature/Typed signature is valid

DATE _____
Invitee’s Signature if applicable/Typed signature is valid

Email for teletherapy _____

Phone number for teletherapy _____

Preference for invitation; email or phone number (for text)? _____

Note: The first Doxy.me invitation link sent to you via text or email can be used for future sessions. You can click on that previously sent link, allow permissions (camera and microphone) and be in the “waiting room” before your appointment time. The therapist will see your name in his/her “waiting room” and will click on it to connect to you.