

Teletherapy allows you to connect with me through video/electronic means. I will be in another physical location and connect with you through a private virtual room. When the session begins, we will be able to see and hear each other through the camera and microphone on your smartphone, computer, or tablet. If I feel it is in your best interest to see you in person then we can set up a time to do that. In some cases, I am also available for home visits. Some issues may present in a way that are better served in person. Email may be used to transfer information such as receipt of payment, clinical materials and reminders for appointments.

POTENTIAL BENEFIT: Teletherapy will allow you increased access to care, more flexibility in time, improved participation, and feeling more comfortable in the private environment of your choosing. There is no travel time to appointments.

POTENTIAL RISK: By using electronic means to meet with me, there are limits to client confidentiality. There are security risks regarding unintended breaches of personal information when using online technology. If a breach of information is identified, you will be contacted. There is also the possibility of technology failure on your end or ours, which may result in the inability to complete the session. In that case, I may attempt to contact you by phone. Traditional means of therapy also allow the therapist to read non-verbal cues and this becomes more difficult through electronic means. I will continue to be keeping therapeutic session notes that will be encrypted and securely stored as part of your medical record. Please take the time to review this information, so that we may continue to have a transparent and healthy therapeutic relationship.

INITIAL INTERVIEW: Your first visit is considered a diagnostic or evaluation interview. At the time of this appointment, the following decisions will be made with you: a. type of therapy needed (individual, group, family, etc.) b. frequency of therapy sessions (weekly, biweekly, etc.) c. goals of therapy (what you hope to gain from this process.) d. appropriateness for teletherapy (could you be better served in another environment)

APPOINTMENTS: Each appointment is approximately 50 minutes. At the end of each appointment, we can discuss the time of the next appointment. You will also have access to scheduling by logging into your account and clicking the scheduling tab.

EMERGENCY PROCEDURES: If you, or a family member, are in crisis, please call the immediate services number for your home state through the homepage and immediate services tab. If there is an emergency, please call 911 or go to your nearest emergency room for an immediate psychiatric evaluation.

PAYMENTS: Payment is charged to your credit card in full for each session when you begin the session. If your card is declined, you will not be able to start your session until a valid credit card is entered in the personal information section of your profile. In the case of minor children, the parent or guardian initiating treatment and signing below will be held financially responsible for all payments. **THERE ARE NO EXCEPTIONS TO THIS POLICY.** You have the right to dispute charges.

INSURANCE: I am on a cash /credit card basis only at this time. I can send a receipt to you to file with your insurance company to see if they will reimburse you for services.

CONFIDENTIALITY: All information regarding the specific nature of your teletherapy is maintained and considered confidential within the office unless specified by you in writing.

COPY OF MEDICAL RECORDS: There is a medical records handling charge of \$25.00 per request to release records to cover the cost of time, and copies and postage for closed charts. An Authorization to Release Medical Records is required in order to release records. I understand that this information is considered "Protected Health Information" under HIPAA and therefore by my acceptance below, I am waiving my right to keep this information completely private and requesting that it be handled as I have noted in this document.

As a client I understand that I have the ability to withdraw consent for services at any time. I consent to receive therapy services through electronic means. I am aware that information transmitted electronically has security risks and flaws associated with the transmission and storage of information. I understand that I will not be in the same physical location as Suzanne Cavalier Dorsett L.C.S.W. unless we agree to meet in person. I understand that I may decide to change therapists at any time for any reason. I understand that my credit card will be charged at the time of service and will be charged a \$60 fee if I no-show for an appointment. I understand that it is my responsibility to have access to an Internet connection and have a working camera on my smartphone, computer, or tablet. I understand that I waive any confidentiality protections if I am in a public space or have others present near me while using Suzanne Cavalier -Dorsett's services. I also waive confidentiality protections if others have or gain access to my phone, computer, or tablet. I authorize the release of relevant medical information to third party payers and/or healthcare insurance companies for continuation of care. My medical information will never be sold in any way. I have read this document and understand the benefits and risks of teletherapy, and I have had my questions regarding this process explained, and I hereby consent to participate in teletherapy sessions under the conditions described in this document.

Your electronic name in print will be considered your signature.

Signed by Client : _____

Date : _____