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Addendum to Teletherapy Informed Consent

EMERGENCY CONTACT:

Because teletherapy is not an in-person meeting, it potentially makes it more difficult to assess a client's wellbeing or coordinate a response should face-to-face care be necessary. For this reason, therapists have been advised to get the contact information of a person who could potentially provide in-person support and collaboration.

Commonly, this is a family member over the age of 21 or a close friend or neighbor. I will not contact this person except if you ask me to or in cases that I deem sufficiently urgent enough that online contact is not sufficient. I require this information in order to do teletherapy. Your providing the information constitutes informed consent to this practice. You can rescind consent or provide another name in writing to me.

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone number: _____

Emergency Contact Email: _____

USE OF NON-HIPAA COMPLIANT TECHNOLOGY FOR COMMUNICATION

Many clients prefer email for scheduling purposes or for communication of non-clinical information. It is my preferred method for scheduling due. I also ask you to email me (and not text me) if you are running late. Additionally, with Teletherapy, cellphone or landlines are often useful if there are technological issues or unavailability of Wifi. Rarely, as I almost NEVER use texting with clients, texting is helpful if someone is having technological issues. However, these technologies are not HIPAA compliant as required for therapists.

If you want to use these technologies, acknowledge that you know they are not HIPAA compliant, and are willing to waive the HIPAA requirements, please initial which of these forms you are giving me permission to use. Your initialing them is demonstrating informed consent of the risks and giving me permission to employ them when necessary.

_____ email

_____ phone number(s) you have provided me

Print Name of Client or Guardian and then Signature

Date