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NYS LICENSE 009145

TELETHERAPY CONSENT AGREEMENT

Video conferencing is an option for conducting remote sessions over the Internet where you will be able to speak to and see your Psychologist, Barbara Edell Fisher, PhD on a screen. You and Dr. Fisher may choose to use this option if you and Dr. Fisher agree that this is the best for your sessions at this time. Dr. Fisher will be using Zoom Telehealth as a secure video-conferencing platform. If you and Dr. Fisher choose to utilize this technology she will give you detailed directions regarding how to log in securely. Additionally, you are responsible for initiating the connection with your therapist at the time of your appointment.

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g. has a firewall, antivirus software, is password protected, not accessing the internet through a public wireless network, etc). As a reminder, there is no recording of these sessions.

- Zoom Telehealth is an online communication tool allowing for face-to-face video and it is HIPAA compliant. For more information about Zoom Telehealth please visit their website.
- Zoom requires the use of a browser but does not require any software download.
- Please be online at least 5 minutes prior to your session, alone, in a quiet room with the door closed.
- For best audio and video quality, a hardwired connection rather than a wireless one should be used if possible. Headphones add security and audio quality.

- Confidentiality should be treated like an in-office session: no outside distractions, turn off cell phones, close other programs on your computer.
- I understand that Dr. Fisher may decide to terminate tele therapy services, if she deems it inappropriate for me to continue through video sessions. In this case, Dr. Fisher may make a referral to another provider.

Potential benefits of using Telehealth include but are not limited to:

- in this time of pandemic, direct person-to-person contact is removed thereby eliminating risk of contamination.
- More convenient and accessible for many
- Cost effective (no travel expenses, child care)
- Can help maintain continuity of care

I also understand the following risks of Zoom Telehealth sessions:

- lack of reimbursement by insurance company
- Technology dropping out due to internet connection
- A breach of information that is beyond my control
- Difficulties interpreting non-verbal communication
- Limited access to resources is self-harm to others becomes apparent

I also understand the following limitations Zoom Telehealth sessions:

Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that Dr. Fisher should not be held responsible if any outside party gains access.

In crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call 911 or for to a mental health hospital/ER.

Technical problems could occur. If the call is disrupted I will call back immediately. If connection cannot occur, the session will be rescheduled. Patient will not be charged for sessions that are interrupted due to technical difficulties.

For all video sessions, anyone participating must be visible on the screen. For individual sessions, this is the patient only. For family sessions, this is only those members

involved in the session. For sessions with a minor, anyone under 18, a parent must be available in your location.

You are not permitted to record video sessions. Neither will Zoom Telehealth record these sessions. They disappear once the session ends.

For any missed sessions, the regular cancellation policy will apply.

Agreement:

I have been informed of and understand the risks and procedures involved with using the videoconferencing technology. I agree to the terms listed above and I hereby voluntarily consent to the use of this platform with Dr. Fisher. I agree that Dr. Fisher should not be held liable in the event that any outside party passes technology security and discovers confidential information. This consent will last for the duration of the relationship with Dr. Fisher. I can withdraw my consent at any time, and Dr. Fisher will work with me to find a suitable alternative.

YOU MUST ACCEPT THIS AGREEMENT IN WRITING. PLEASE SIGN AND EMAIL THIS PAGE BACK TO ME.

Signature

Date