Consent Form for Remote, Video-Conferencing Therapy

This consent form adds to those pertaining to receiving therapy services on site.

Virtual “face-to-face” sessions or VC (Video-Conferencing) are real-time interactive audio and visual technologies that enable a clinician to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other special circumstances. The most common VC system used by the Center for Cognitive Therapy is BlueJeans as a platform that meets HIPAA standards of encryption and privacy protection. You will not have to purchase a plan when you “join” an online meeting. When you reach the “Join a Meeting - enter meeting ID” screen, you may choose to write only your first name if you wish.

Here is a link that is helpful if you are not familiar with BlueJeans. We recommend that you experiment with it ahead of your sessions; it will show you how to join a meeting, and how to check your audio and video.

<https://support.bluejeans.com/s/article/Getting-Started-Guide-BlueJeans-Meetings>

www.pennmedicine.org/bluejeans

Please read and note that:

* There are many benefits and some risks of video-conferencing that differ from in-person sessions.
* Confidentiality agreements that are always integral to your care are the same for telepsychology services.
* A webcam on a computer or a smart phone needs to be used during the session.
* It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
* It is imperative that no family member or friend is in hearing or visual proximity to you or to your electronic device during the session, unless consent is given for that person to participate.
* It is important to have a secure internet connection rather than public/free Wi-Fi.
* When you click the link to enter your session at the appointed time, you will be admitted to a virtual waiting room until your therapist is ready to begin the session. If you have already reached or passed the appointment time, your therapist may already be there to begin the session at the time you log in.
* A back up plan in the event of technical problems may include restarting the session, or more likely switching over to a telephone session.
* Our safety plan includes at least one emergency contact and your location during the call.
* If you are not an adult (under 18 years old), the permission and contact information of your parent or legal guardian is required for you to participate in telepsychology sessions.
* It is recommended that you confirm with your insurance regarding coverage for video group telehealth sessions. Currently holders of Quest Behavioral Health insurance (through Penn) and the Aetna Student Insurance will only be responsible for their co-payments (as usual) through crisis times when video therapy is necessary and in-person therapy is not permitted.

By signing this document, you are stating that you are aware that we may contact the necessary authorities in case of an emergency that cannot be resolved safely within the originally scheduled appointment. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

Below, please include the names and telephone numbers of your local emergency contacts as well as the physical address from which you will be connecting.

Physician or Psychiatrist Name & Contact Info:

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Family Member Name (& Relation to Patient) Contact Info:

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Friend’s Name and Contact Info:

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Physical Address During Session:

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Your signature below indicates that you have read and agree to this Video Conferencing Consent Form.

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_