

Schaffner Psychotherapy Services, LLC
Informed Consent for Telemental Health
(Updated 6/2022)

Telemental health includes phone and internet-based sessions rather than in-person. In 2020, due to the pandemic, I moved my practice to telehealth and continue to offer it as an alternative to in-person therapy. I currently use Zoom as my platform for telehealth, and I will send you a link for our session via email or text the day of your appointment. I'll admit you from the virtual "waiting room" when it is time for your appointment. Please let me know if this is your preference, and if you have any privacy concerns.

Potential Limitations

There are some differences and potential limitations when we meet via Zoom versus in person. Both of us need to ensure a private space for our sessions and keep the security of our technology up to date. Due to hardware, software, equipment, or a 3rd party service, there may be a disruption to our connection (dropped call, interruption of internet service) and as a backup option to Zoom, the plan will be to move to a phone call. Please make sure you have your phone nearby and charged in the event that Zoom is not functioning well for any reason. I can be reached at 404-550-7226. The disruptions in connection can cause some frustration and disrupt the normal flow of in-person communication. Nonverbal cues may be more likely to be missed in the telehealth format, and neither party can ensure complete confidentiality. As your therapist, I will take every precaution to create an environment that is confidential and technologically secure. As the client, it is your responsibility to find a quiet, private environment with minimal disruptions for our sessions. Using a Wi-Fi connection will help ensure minimal disruption and a better connection.

Other Important Information

Laws regarding privacy and confidentiality of client information and the limits of client confidentiality that apply to in-person sessions also apply to telehealth sessions. Some but not all forms of electronic communication are secure. There is an unlikely possibility of a security breach with all forms of telehealth. Your signature on this document represents your acceptance of this unlikely risk. All of my office policies related to fees, billing, cancellations, and use of insurance apply to telehealth as well as office visits. Fees for late cancellations due to technological difficulties are not waived. Please test your equipment 24 hours prior to your session or arrange for an alternative (e.g., phone) in case a video meeting is not possible. Finally, telehealth may not be appropriate for every client; if I believe you'd be better served by another type of service, and if I'm unable to provide that service, I'll provide you with a thoughtful referral.

Client Acknowledgement and Agreement

I understand and agree to the information provided above and have had any of my questions answered to my satisfaction by my therapist. I hereby give my informed consent for the use of telehealth in my care.

Therapist name: Angela D. Schaffner, Ph.D.

Client name (printed): _____

Client signature: _____

Date: _____