



TELEHEALTH AGREEMENT

DC Psychology and Sleep Services, LLC may offer you a telehealth option for sessions via telephone or videoconferencing in lieu of or in addition to in-person sessions.

Telehealth sessions are similar to in-person sessions in many ways, including your rights to confidentiality, the scheduling of appointments, ways you may contact me between sessions, and session fees. Telehealth sessions enable me to provide mental health services, including Cognitive Behavioral Therapy for Insomnia (CBT-I), remotely. Although fees are the same for in-person and telehealth sessions, I cannot guarantee that your insurance coverage will be the same. In some cases, telehealth coverage is the same as in-person coverage, but in some cases it is not. You are responsible for checking your insurance coverage, deductibles, payment rates, pre-authorization procedures, etc.

DEFINITIONS

Videoconferencing is a real-time interactive audio and visual technology. Telehealth sessions using videoconferencing herein will be referred to as “video sessions.”

Telephone sessions allow for real-time interactive audio only. Telehealth sessions using the telephone herein will be referred to as “phone sessions.”

“Telehealth” and “telehealth sessions” refer to both video sessions and phone sessions.

TECHNOLOGY

The technology service I will use to conduct video sessions is Telehealth by SimplePractice. There are no passwords required to log in. I will use a computer for video sessions. You can use either a computer or mobile device, like an iPhone, for video sessions. If you plan to use your mobile device, you must download the free app “Telehealth by SimplePractice” which is what you must use to access the video session by mobile device. Telehealth by SimplePractice is HIPAA-compliant. All data is secured with bank-level encryption and none of your information is stored. You will not have to provide your real name or any other identifying information when you “join” our video session.

My telephone service is iPlum. iPlum is HIPAA-compliant.

Despite doing my best to provide a secure and confidential means of communication for telehealth sessions, privacy cannot be guaranteed as described below under “Risks.”

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BENEFITS

Potential benefits of telehealth sessions include easier access to care, the convenience of meeting from a location of your choosing, and obtaining care during times of illness or for the prevention of illness.

RISKS

Risks of telehealth sessions in general may include but are not limited to: lack of reimbursement by your insurance company, privacy limitations at your location, distractions at your location, a breach of information that is beyond my control (for example, due to malware or software flaws), delays due to connections or other technologies, and service interruption due to equipment or technology failure. In case of such interruptions during video sessions, we should contact each other promptly by telephone to communicate. You may reach me at (202) 455-5387 x 1. Clinical risks may include discomfort with telehealth sessions versus in-person treatment, difficulties interpreting non-verbal communication, and limited access to immediate resources if risk of self-harm or harm to others becomes apparent.

PATIENT RESPONSIBILITIES

- 1) Ensuring for each telehealth session,
 - a) you are located in a private, comfortable, consistent, and distraction-free setting;
 - b) you join the meeting on time;
 - c) for phone sessions, you have a working telephone;
 - d) for video sessions, you have a secure, working computer or mobile device with an internet connection as well as audio and video capabilities;
 - e) for video sessions, you have a working telephone nearby in case the videoconferencing connection is interrupted; and
 - f) for video sessions, you have not shared your video session link with anyone unauthorized to attend the session.
- 2) Informing me promptly if anyone enters the room at your location.
- 3) Cooperating with important recommendations I may make (e.g., safety plans or obtaining in-person care if recommended).
- 4) Completing the “Emergency Contacts for Telehealth” form granting me permission to contact in case of emergency (1) a trusted family member or friend, (2) your doctor, and (3) your local ER, local crisis center, or a crisis hotline.
- 5) Following all other DC Psychology and Sleep Services, LLC policies as detailed in the Treatment Contract, including cancellation and no-show fee policies.

Although telehealth may be used when the provider and patient are in different locations, licensure regulations only allow a telehealth session to be conducted to patients located at the time of service in the states in which the provider is licensed or authorized to conduct telehealth. I am licensed in the District of Columbia, Maryland, and Virginia, so I may offer you a telehealth

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session when you are physically located in the District of Columbia, Maryland, or Virginia. I also have my PSYPACT license allowing me to conduct telehealth to PSYPACT participating states (<https://psypact.site-ym.com/page/psypactmap>). Exceptions may exist, such as when temporary permission is available from another state. Another one of your responsibilities is that if you will not be in the District of Columbia, Maryland, Virginia, or a PSYPACT participating state at the time of our scheduled telehealth session, you must inform me as soon as you are aware of this so that we can either reschedule for a time when you will be located in a state in which I am licensed to practice, or so that I can determine whether an exception exists so that I can still conduct the telehealth session.

PERMISSION TO RECORD

Neither you nor I are permitted to share or make any recording of our telehealth sessions, except for making written or typed notes, without the other’s written permission.

BY SIGNING BELOW, I CERTIFY THAT:

- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents, including the risks and benefits of telehealth sessions.
- I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- I am aware DC Psychology and Sleep Services, LLC may contact the necessary authorities in case of an emergency.
- If I believe there is imminent harm to myself or another person, I will seek care immediately through my own local health care provider or at the nearest hospital emergency department or by calling 911.
- DC Psychology and Sleep Services, LLC may at any point discontinue telehealth sessions when it is deemed no longer appropriate or for any other reason.
- I agree to telehealth sessions, i.e., real-time interactive sessions via videoconferencing or via telephone, and that I agree to all other items contained in this document.

PATIENT SIGNATURE _____ DATE _____

PATIENT PRINTED NAME _____