

## Beth Levine, LCSW-C

Psychotherapist

---

### Consent for Telehealth Services

In certain cases, it may be possible or necessary for treatment to occur via interactive video-conferencing sessions rather than by sessions done in-person. video conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide mental health services remotely. We call this “Telehealth” or “Teletherapy”. The VC system I use is *vSee*, a HIPAA compliant platform (with a signed Business Associate Agreement) that meets federal privacy and security protection requirements. You will not have to purchase a plan to join our on-line meeting. Before our scheduled sessions, you will receive a *vSee* link so that you can “enter” a virtual “waiting room” prior to beginning our online video sessions. I will come to the “waiting room” to begin our session at our scheduled time.

Maryland law requires private insurance companies to cover video therapy provided by properly licensed mental health professionals just as they would pay for in-person therapy sessions.

Risks from VC may include (but are not limited to): lack of reimbursement by your insurance company (such as out of state plans not covered by Maryland law), the session being interrupted by dropped internet connections, computer or smartphone hardware failures, power outages, delays due to connection issues, or breach of information beyond our control. Clinical risks may include discomfort with virtual face-to-face treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. I will weigh the advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

If for any reason our telehealth session is interrupted, you can reach me by calling (301) 279-7779 or by emailing me at [BethLCounseling@aol.com](mailto:BethLCounseling@aol.com) (not HIPAA compliant). If you have a life-threatening mental health emergency, do not wait for communication back from me. By signing this document, you acknowledge 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.

Although it is well validated by research, telehealth may not be a good fit for everyone. I will continually assess if telehealth is appropriate for your therapy. I ask that you tell me if you find telehealth to be too distracting for you or if there are any other reasons why you find it to be causing problems. (Raising questions or concerns will not, by itself, result in termination of your psychotherapy with me.) You also have a right to stop receiving telehealth therapy with me at any time, and we can discuss changing your sessions to in-office therapy when appropriate.

You will be responsible for creating a safe and confidential space during our sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with me during the session. If you are unsure of how to do this, please ask me for assistance.

Please note that recording teletherapy sessions is not legally allowed without consent from all parties involved. If you are interested in recording a session, please bring it up in session.

Please provide me with the best ways to contact you, in case our telehealth session is interrupted:

<b>Person 1:</b> _____ Phone: _____ Email: _____	<b>Person 2:</b> _____ Phone: _____ Email: _____
--	--

I am required to get the name of an emergency contact person who I may contact on your behalf (in a life-threatening emergency only). Please enter this person's name and contact information below:

<b>Person 1:</b> _____ Phone: _____ Email: _____	<b>Person 2:</b> _____ Phone: _____ Email: _____
--	--

Please provide your address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

At the beginning of each telehealth session, I will be asking you where you are located, as required by law. I will not record our sessions, and I ask that you also not record our sessions without my consent.

By signing this document, you agree that you have read this [two-page](#) document and have had the opportunity to ask questions. You understand the procedures, risks, limitations and benefits of video conferencing and you agree to telehealth sessions described in this document. You also consent to sharing information provided here as necessary in an emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_