
Addendum Consent Form for Teletherapy Services

I _____ (print name) am an adult and hereby consent to participate in teletherapy with Linda Grad, Ph.D. Teletherapy is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a patient who are located in two different locations.

I understand the following with respect to teletherapy:

- 1) I understand that I have the right to withdraw consent to teletherapy at any time.
- 2) I understand that there are risks and consequences associated with teletherapy, including but not limited to, limited ability to respond to emergencies, disruption of transmission by technology failures, and/or interruption and/or breaches of confidentiality by unauthorized persons. A HIPAA compliant platform will be utilized which means data is encrypted, sessions are anonymous, and no information is stored.
- 3) I understand that there will be no recording of any of the online video visits or audio phone sessions by either party. All information disclosed within sessions and records pertaining to sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to teletherapy unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; subpoenas or legal proceedings).
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that teletherapy services are not appropriate and a higher level of care is required.
- 6) I understand that during a teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session or check out the help link on the platform. If we are unable to reconnect within a couple of minutes, please call or text **917-693-0632**.
- 7) I understand that confidentiality by standard email and texts cannot be ensured. I agree that such exchanges will be reserved for administrative matters i.e. appointments, billing, receipts, forms, and resource sharing. I agree not to use such methods of electronic communication to discuss therapeutic content and/or request assistance for emergencies.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address some of these difficulties, an emergency plan is created before engaging in this service.

I need to know your location in case of an emergency. If you are not at the location you specified below, you agree to inform me of the address where you are at the beginning of the session. I also need a contact person who I may contact on your behalf in a life-threatening emergency.

My address during sessions:

My emergency contact:

Name	Phone	Relationship
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If the session is interrupted for any reason, such as the technological connection fails and you are having an emergency, call 911 or go to your nearest emergency room.

Informed Consent

This agreement supplements the general Informed Consent for Treatment that we agreed to at the outset of our clinical work together.

By signing this form, I acknowledge that I understand and consent to this agreement and that all my questions have been answered to my satisfaction.

Patient Signature

Email Address

Date

Linda Grad, Ph.D.

Date

Emergency: 911
National Crisis Line: 1-800-273-8255
NYC Crisis Line: 1-888-NYC-WELL (1-888-692-9355)

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