



66 Park Street, Suite 104
Montclair, NJ 07042
www.evolve-ps.com

(917) 723-9986

Informed Consent for Teletherapy Sessions

Teletherapy includes the practice of mental health care delivery, diagnosis, consultation, treatment, and education using interactive audio, video, or data communications. I understand and consent to engaging in teletherapy sessions with my therapist at Evolve Psychological Services.

With respect to teletherapy, I have the following rights:

I understand that the laws that protect the privacy and confidentiality of my medical information, as outlined in the original Informed Consent for Psychotherapy reviewed and signed at my initial visit, also apply to teletherapy. I agree to identify a quiet, private space, free of distractions for teletherapy sessions. I know that teletherapy sessions will not be recorded by the therapist or myself. I understand that there are potential benefits and risks to video-conferencing (e.g., limits to patient confidentiality) that differ from in-person sessions.

I have been informed that I will have teletherapy sessions with my therapist via a service called VSee (HIPAA compliant video platform service). I understand that my therapist will provide me with instruction about how to set up a VSee account on my computer, tablet, or smartphone. My therapist will send me an email invitation to connect on VSee prior to our first teletherapy session and assist me in its usage, if necessary. I know that it is recommended that I utilize a secure Internet connection rather than public/free Wi-Fi. I understand that my therapist and I will establish a back-up plan (e.g., phone call, text message) to restart the VSee program in the event of technical problems.

I agree that I will provide my physical location at the beginning of each teletherapy session in the event of a psychiatric emergency. I also understand that the emergency contacts on file, in addition to any other safety plan, will be utilized in the event of a psychiatric emergency. I know that all virtual sessions may only be conducted with residents of New Jersey and New York (depending on the licensure of my individual therapist, as Evolve Psychological Services has a location in each state).

I understand that all policies that I agreed to at the start of treatment, as outlined in the original Informed Consent for Psychotherapy, also apply to virtual sessions.

I have been informed that teletherapy is not always a covered service by the out-of-network benefits of my insurance plan, and it is my responsibility to check with my individual plan to determine if teletherapy is an authorized out-of-network benefit. I consent that I will be responsible for all fees related to teletherapy that insurance does not cover. I agree that teletherapy will be billed at the same rate as individual and family therapy services. I also know that my therapist will mail the invoice for each teletherapy session to my home address.

Due to extreme circumstances, teletherapy is a temporary service that is being offered to all Evolve clients as a precautionary measure. Once these circumstances abate, therapy sessions will return to in-person services as previously scheduled.

I have read and understand the information provided above. I have discussed it with my therapist and all of my questions have been answered to my satisfaction.

Client Name

Client or Guardian Signature

Date