

LEIGH SCOTT ROSENBERG, PSY.D. PLLC
Licensed Psychologist (PY3608)

Informed Consent for Telebehavioral (TBH) / Telementalhealth (TMH) Services

This document covers your rights, risks, and benefits associated with receiving TBH/TMH services. Read this carefully, and after any needed discussion with me, sign the Informed Consent authorization. Please keep this page for your records, signing and returning the second page to me to be placed in your clinical file.

Telebehavioral / Telementalhealth Therapy defined - TBH/TMH refers to remote delivery of mental health services via technology-assisted media. The technology includes, but is not limited to, telephone, video, internet, smartphone, tablet, PC / laptop, or any other electronic means. Particular to delivery of services using teleconferencing the method used includes 2-way encryption via a secure HIPAA compliant platform.

Advantages & Limitations of TBH / TMH Therapy Services - While TBH/TMH offers advantages (e.g. infection safety, convenience), it is an alternative form of psychotherapy than traditional in-office face-to-face sessions and can have disadvantages (disruption of internet or phone service, higher risk of not understanding or misunderstanding each other due to limited visual or auditory cues, problems with voice clarity, limited visibility of facial expressions, etc.).

Fees for TBH / TMH Sessions and Payment Options - Authorization and/or reimbursement coverage for use of TBH/TMH services varies by insurance carrier. During the Covid-19 pandemic most insurance companies have fully authorized reimbursement for patient use of TBH/TMH psychotherapy services provided by a Psychologist. It is your responsibility to verify your insurance coverage if choosing to use TBH/TMH services.

If you opt for teleconferencing, please have availability of a phone in case of a technology disruption during our session. In the event of an internet technological failure which cannot be quickly resolved, I will call you.

In terms of paying for remote sessions (i.e. copayments), if you have authorized my use of your credit card information, I will go ahead and place charges using it. If you have not provided me credit card information, at the conclusion of the session, go to the www.activecoping.com website, click on the "Make A Payment" button in the left side panel, and securely pay your usual copayment or session fee by credit card or Paypal.

Cancellation Policy - In the event you are unable to keep a TBH/TMH appointment, notify me at least 48 hours in advance. If not doing so you will be financially responsible for the session missed. This is the same policy outlined in the Office Policies handout you received when starting psychotherapy.

If you have requested a teleconference, but technological difficulties on your end preclude holding the session in that manner, you will be obligated to complete the session by telephone at the scheduled appointment time. If technological difficulties at my end (including the teleconferencing site itself experiencing difficulties), make it impossible to hold the teleconferencing session, it will be your decision whether we hold the session by telephone only (or cancel).

**Informed Consent for TBH /TMS Services Agreement
(requires signature)**

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my connectivity link. I understand I am responsible for using this technology in a secure, private location.

I understand there will be no recording of any of the online or telephonic session, that all information disclosed within sessions remains confidential (may not be revealed to anyone without written permission except where disclosure is required of Dr. Rosenberg by law.

I understand that the HIPAA compliant website platform does not require that I provide my full name, any background or identifying information, any email address, etc. All information from our teleconferencing contact is immediately erased by the website at the conclusion of contact.

I voluntarily agree to receive online therapy services for continued care and psychotherapy treatment, and authorize Leigh S. Rosenberg, Psy.D. to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care and ongoing treatment, and that I may withdraw consent for such care / treatment that I receive through Leigh S. Rosenberg, Psy.D. at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge I have read and understood the terms and information contained herein. An opportunity has been offered to me to ask questions about anything unclear to me prior to signing this Informed Consent Agreement.

Signature of Client / Patient Printed Name of Client / Patient Date