

TELEHEALTH VIDEO-CONFERENCING CONSENT FORM

Please do *not* sign until you have had the opportunity to discuss this with Dr. Tyson in your first session

1. I _____ am a patient of Dr. Judy Tyson.
2. Dr. Tyson, having established a therapeutic, doctor-patient relationship, conducts psychotherapy sessions using telehealth technology. This is a delivery system of services using video-conferencing when the patient and the doctor are not in the same location.
3. The video conferencing system will be of Dr. Tyson's choosing, taking into consideration the ease of connectivity for us both. I understand that, when circumstances are outside of Dr. Tyson's control, such privacy may not be absolute.
4. I understand the benefits of video conferencing, in particular, easier access to care and, in particular, supporting social distancing to eliminate the chance of contagion between her and her patients.
5. I understand that Dr. Tyson is experienced in using the telehealth model and will coach me in how to use this model for my psychotherapy sessions.
6. I understand the shortcomings, requirements and hazards of video conference may include:
 - a. Encryption may not be fool-proof.
 - b. On rare occasions there can be a disruption of signal or transmission. Dr. Tyson and I will make up any loss of time that this disruption may have caused during our appointment time.
 - c. I will need to choose a private location to ensure privacy. Using head phones will increase my privacy.
 - d. If I decide to apply for insurance reimbursement of my telehealth session, I am responsible, not Dr. Tyson, for paying for my session in full AND for learning from my insurance company the reimbursement policy for tele-psychotherapy as well as the applicable suffixes for reimbursement. Dr. Tyson will apply the applicable suffixes to the services on my bill.
 - g. I am responsible for payment in full for my sessions with Dr. Tyson before I meet with her for my appointment. It is my responsibility to arrange with Dr. Tyson's practice manager, Stacy Diokno, submit payment for my appointment.
 - h. Dr. Tyson determines that I pose an imminent danger to myself or others, she will discuss her concerns with me and we will plan to connect me with support that I may need on an urgent basis. I will provide Dr. Kopolow with the name and phone number of an emergency contact person and will give her written permission to contact that individual if she reasonably believes I am in danger or crisis and may not be able to help myself.

My emergency contact: _____

Relationship _____

Phone _____

- j. Dr. Tyson has appointment hours on Wednesdays only. She offers extended sessions if needed. If she and I believe that videoconferencing does not serve my needs, we will review alternatives, such as transferring to another clinician who can offer a higher level of care.

I have read this document and also have had questions answered to my satisfaction.

NAME

DATE