



3200 Tower Oaks Blvd., Suite 200 Rockville, MD 20852 Phone: 301-593-6554 Fax: 301-255-0461
8401 Connecticut Ave., Suite 1120, Chevy Chase, MD 20815 Phone: 301-593-6554 Fax: 301-754-1034

TELEHEALTH VIA VIDEO CONFERENCING AGREEMENT

After intake and the establishment of a therapeutic relationship, it may be possible for treatment delivery to occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, “in-person” sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. The VC system we use (www.zoom.us) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. An occasional exception can be made if temporary permission is available from another state. VC may also be used within our office location (room to room) for Parent Child Interaction therapy or other parent coaching.

Telehealth via video conferencing may be a particularly beneficial way to conduct exposure-based CBT because it enables exposures to be conducted in real-world settings when the client and clinician are in different locations. Exposure-based cognitive behavioral therapy (CBT) is an evidence-based approach that aims to gradually help you/your child become more comfortable with situations that currently cause anxiety or other negative emotions. These sessions are likely to elicit a temporary increase in anxiety, but this is actually a key part of the process in order to help ultimately overcome fears. Over the course of exposure therapy, anxiety levels will decrease through habituation. We will work with you/your child to create a graduated exposure plan that includes a hierarchy from easier to more difficult exposures. The client will never be forced to engage in an exposure; rather, the pace of therapy will be determined by the client’s readiness to practice each anxiety-provoking situation.

Some exposure activities may have a degree of risk involved (e.g., touching dirty objects and refraining from washing your hands in contamination-based OCD exposures), however, all exposure tasks we conduct are deemed to be of minimal risk (i.e., on par with the level of risk that could be encountered in everyday life activities). If an adverse event were to happen during an exposure (e.g., a client faints at the sight of a picture of someone getting their blood drawn), the clinician will take appropriate measures to ensure the safety and well-being of the client, including reaching out for medical care if needed. Exposure sessions sometimes take place off-site at a range of locations (e.g., the mall, a restaurant, public transportation, your home). While we will do our best, we cannot guarantee confidentiality in sessions that occur outside the office as we do not have control over other people who may be present. Alvord, Baker & Associates and the clinician are not responsible for any accident or injury that may occur during an exposure session.

Risks to VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks will be discussed in more detail with your clinician, but may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

By signing the document below, you are stating that you are aware that your provider may contact the necessary authorities in case of an emergency. You are also acknowledging 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.

Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).

Physician or Psychiatrist Name & Relationship

Telephone number(s)

Crisis Hotline and local Crisis Center Names

Telephone number(s)

Family Member Name & Relationship

Telephone number(s)

Friend Name & Relationship

Telephone number(s)

By signing this document you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of GT) via video conferencing.

Signature

Date

Print Name

If for minor, Parent or Legal Guardian Signature

Date

Print Name(s) if minor as well as parent/legal guardian signature

Clinician Signature

Date

Print Name