

## Virtual/Online Therapy Informed Consent

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

**Identify Verification:** All new clients will have to verify their age and identity by providing a scanned image of their driver's license or other verifiable governmental identification.

**Technology:** Dr. Samantha DeCaro, PsyD, LLC (i.e. "the psychologist") will use HIPAA compliant video services (doxy.me). The client is responsible for securing their own computer hardware (e.g. camera and microphone), browser, internet access points, and password security. The psychologist is not liable for confidentiality breaches when they are caused by client error. The psychologist is not responsible for their client's equipment failure, e.g. camera, and/or Internet service. The psychologist is not responsible for lapses in confidentiality that are in direct response to the client's actions.

**Disconnection Problems:** If virtual services are not available due to an unplanned equipment or service malfunction, sessions will occur via cell phone. I understand that cell phones and emails are not completely confidential. Cell phone connections sometimes cross, and all emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

**Recordings Are Prohibited:** Clients are not allowed to make an audio or video recording of any portion of the session.

**Risk of Harm:** Virtual/Online therapy is not a crisis based clinical service. Virtual/Online psychotherapy may not be appropriate for clients with active suicidal or homicidal thoughts, or clients who are experiencing acute mental health problems, such as manic or psychotic symptoms. It is the responsibility of the client to inform the psychologist if they are at risk of harm to self or others. At intake, a client who reports being at risk of harm to self or others, will not be offered virtual/online psychotherapy services from the psychologist. If through the intake evaluation or subsequent psychotherapy sessions, a client is deemed to be at risk of harm to self or to others, the psychologist will terminate the sessions, while providing alternative referral suggestions. If a client who was not formerly at risk, should become at risk of such harm to self or others, they must immediately report it to the psychologist. In such cases, a client may be referred to a traditional non-online program or provider.

**Confidentiality Restrictions:** The laws that protect the confidentiality of any medical information also apply to virtual/online psychotherapy. Information about the client will only be released with his or her express written permission, with the exceptions of the following cases: if the psychologist determines risk of self-harm, if the psychologist determines risk of harm to other, if the psychologist is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult, or if the psychologist believes that someone's mental condition leaves the person gravely disabled.

**Records:** The psychologist will maintain records of virtual/online therapy, treatment plans, collateral contacts, and consultation services. All clinical records will be maintained as required by applicable legal and ethical standards according to the Board of Psychology.

**Payments:** Credit card or other online payment arrangements will be made at intake. A form of reliable payment must be established before the first session occurs.

**No Shows or Late Cancellations:** A fee of \$75 will be charged to clients who do not show or who do not cancel their appointments within 24 hours of their scheduled appointment. Late cancellations and no shows will incur a \$75 fee, which must be paid before the client receives their next online psychotherapy session with the psychologist. The psychologist will process the no show or late cancellation payment on the day that it occurs. The psychologist reserves the right to use the client's payment preference that was provided at intake. Client signature establishes that I understand the risks and limitations to online psychotherapy. By signing this consent, I agree to abide by its content.

**Client Consent to Virtual /Online Therapy**

I have read this statement, had sufficient time to be sure that I considered it carefully, and asked any questions that I needed to, and understand. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. Samantha DeCaro, Psy.D., LLC, and I know I can end therapy at any time. I know I can refuse any requests or suggestions made by Dr. Samantha DeCaro, Psy.D., LLC.

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Signature of Patient/Responsible Party

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Date

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Printed Name of Patient/Responsible Party