*Tern Snogren* LCSW, MA, CHT • *Mindfulness-Based*, *Somatic Psychotherapy* 

## INFORMED CONSENT FOR TELE-PSYCHOTHERAPY SESSIONS

- I understand that my therapist has offered me the option of engaging in tele-psychotherapy sessions in order to provide continuity of care while also decreasing spread of infection or accommodating a temporary mobility issue or a temporary relocation of either the client or the therapist. I understand I have a right to refuse this form of treatment.
- I understand how the technology will be used and that sessions conducted this way will not be the same as face-to-face client/therapist visits.
- I agree to continuously and simultaneously maintain a secure, live audio and live video connection during my appointment. I understand and agree that telemedicine appointments will not be done using audio alone.
- I understand there are potential risks to this technology, including environmental interruptions, unauthorized access and technical difficulties.
- I understand that the technology my therapist has selected is HIPPA-compliant and that HIPPA-compliant technology reduces the risk of unauthorized cyber access. I understand that my therapist will be using a secure internet connection and that I must also use a secure internet connection.
- I understand that my therapist will be in a private, uninterrupted location in order to remove the possibility of an environmental interruption and that it is my obligation to secure a private, uninterrupted location as well. I understand that if the session needs to be terminated due to environmental interruptions at my location that I will still be responsible for the session fee or copay.
- I agree to have my phone ringer turned on during tele-psychotherapy sessions and to wait for a call from my therapist for further instructions if we lose connection. I understand that my therapist or I can discontinue a session if it is felt that the video conferencing connections are not adequate for the situation. I understand I have the option to complete the session using a non-HIPPA-compliant service (this is an option only during the national health emergency we now face).
- I understand that the same no-show/late-cancellation policy used for face-to-face appointments applies to my teletherapy appointments.
- I understand that my session fees and copays should be made by credit card in advance of the session at FernSnogren.com.
- I understand that questions about this form shall be directed to my therapist prior to signing and prior to any future tele-therapy appointments.

## All clients 18 or above must sign below.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

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