Informed Consent for Teletherapy

Melanie K. Stone Ph.D.
Stone Ph.D. LLC

I, _____, hereby consent to engage in teletherapy with Dr. Melanie Stone. I understand "teletherapy" includes consultation, treatment, transfer of medical data, emails, telephone conversations, and education using interactive audio, video, and/or data communication. I understand teletherapy also involves the communication of medical/mental health information, both orally and visually.

By consenting, I acknowledge the following:

1) There are potential benefits and risks of video-conferencing that differ from in-person sessions.

2) I understand that despite reasonable efforts on the part of Dr. Stone, that:
   ● the transmission of my information could be disrupted or distorted by technical failures;
   ● the transmission of my information could be interrupted by unauthorized persons;
   ● the electronic storage of my medical information could be accessed by unauthorized persons.

3) Confidentiality (and its limits) applies for teletherapy services, and no one will record the session without the permission from the other person(s).

4) Using a webcam or smartphone during the session is required.

5) It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

6) It is important to use a secure internet connection rather than public/free Wi-Fi.

7) It is important to be on time. If you need to cancel or change your tele-appointment, notify Dr. Stone 24 hours in advance in order to avoid a late cancellation fee.

8) In the event of technical problems, a back-up plan will be established to restart the session or to reschedule it.

9) Dr. Stone may determine that due to certain circumstances, teletherapy is no longer appropriate.

My signature below indicates that I have read this Agreement and agree to its terms.

_____   _____   _____

Client Name   Client or Parent/Guardian Signature   Date

_____ _____

Melanie K. Stone, Ph.D.   Date