TAMSEN THORPE, PH.D.
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Internet Therapy & Communications Consent Form

I am choosing to participate in therapy sessions with Dr. Thorpe via the internet, using a video conferencing program.

I understand the following limitations and conditions of internet-based video therapy sessions:

- Any internet-based communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA-compliant. It is important to use a secure internet connection rather than a public/free Wi-Fi. I agree that Tamsen Thorpe, Ph.D. will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- At the start of a call please provide your cell, one emergency contact and the closest ER name.
- During sessions or other internet-based conversations, confidentiality should be treated just like an in-office session, by using a private room or space where we will not be overheard or interrupted. I agree to inform Dr. Thorpe immediately, if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.)
- I agree I will give internet-based sessions the same focus as in-office sessions, with no outside distractions, such as cell phones or other computer programs.
- It is important to be on time. If you need to cancel or change your appointment, you must provide advance notice, otherwise a charge will be incurred. Note that insurance never pays if you don't keep your appointment, so you alone are responsible for payment.
- If you are choosing to use your insurance company to pay for services, we will bill them but please be aware that you are ultimately responsible.
- In the event of technical problems, we may need to switch to a call or reschedule. My cell is above.

- Online therapy sessions are one (or more) of the following:
  - temporary due to client's need to travel without interrupting treatment,
  - necessary due to client's inability to leave home because of medical problems or significant disability,
  - necessary due to client's lack of access to face-to-face services within a reasonable distance,
  - an informed and willing choice by a preexisting client to continue treatment through this medium rather than seeking a new provider locally, due to the nature of and/or progress made toward vital treatment goals.
- I agree <u>never to audiotape or videotape or otherwise store content</u> from our sessions, or to share such data with any third party without the knowledge and consent of Dr. Thorpe to such storage and/or sharing.
- I agree that, in a <u>crisis or emergency situation</u> in which I am considering seriously harming myself or someone else, or am having a severe breakdown in my ability to function safely, I will go to the nearest mental health hospital or Emergency Room. Further, I will reach out to resources I have locally for assistance if I need it.
- If at any point Dr. Thorpe or I believe(s) that I need more support locally, I agree to take timely steps to seek mental health services at an appropriate local facility. I understand that my failure to take such action may be deemed an emergency situation by Dr. Thorpe, who may then <u>break confidentiality to communicate with my emergency contacts,</u> or local emergency resources she is able to access, as needed to protect my life and health, in keeping with the ethics of clinical practice.

  By <u>signing this agreement,</u> I am agreeing to abide by all the above policies with regard to choosing internet-based treatment services. I agree that I have been informed of the limitations of working in this way, and have been counseled regarding the advantages of finding mental health treatment in which I can participate face-to-face.

_____
Signature of client   Date

_____
Print Name