



Informed Consent for Video or Telephone Services and Non-Secure Communication

Patient

Full Name: _____ Date: _____
Last First M.I.

Consent to Policies and Practices Re: Video/Phone Services

In executing the below and participating in telephone or video therapy sessions, the patient or patients's parent/guardian agree to the following terms, procedures, and policies:

- To utilize a working telephone, webcam, or smart phone and a video-conferencing platform selected by the psychologist.
- To utilize a secure internet connection that is not public or free Wi-Fi.
- To ensure each sessions takes place in a quiet, private space that is free of distractions (including cell phone or other devices).
- To ensure the patient is on-time to participate in the session and to cancel any video or telephone conference by e-mail on or before 4:00 p.m., on the day prior to your scheduled session
- To not record any session either by audio or video without the written consent of all participants including Dr. Linda Caterino.
- To contact the patient's insurance company in advance of the session to confirm, that video or telephone sessions are covered or will be reimbursed. In the event sessions are not covered or reimbursed, that patient or the responsible guardian/parent hereby agrees to be responsible for full payment.

In signing the below, the patient or parent/guardian of a patient indicates their understanding and agreement that telephonic and video sessions are confidential. However such information and records are subject to unauthorized access outside the control of Dr. Caterino. In signing this document, the patient or patient's parent/guardian agrees to hold Dr. Caterino harmless from any breaches of confidentiality of client information and records not caused by Dr. Caterino and related to the use of video/phone services.

Communication by Email, Text Message, and Other Non-Secure Means

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication although Dr. Caterino will endeavor to keep confidential all communication and patients should make similar efforts. However, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to: 1.) People in a patient's home or other environments who can access phone, computer, or other devices; 2.) An employer, if a work email is used to communicate with Dr. Caterino; and 3.) Third parties on the Internet such as server administrators and others who monitor Internet traffic. If there are people that should not access these communications, please talk with Dr. Caterino regarding ytour specific concerns.

In signing the below, the patient or patient's guardian/parent consents to allow Dr. Caterino to use unsecured email and mobile phone text messaging to transmit the following protected health information: 1.) Information related to the scheduling of meetings or other appointments, 2.) Information related to billing and payment, 3.) Information regarding client progress, for purpose of preparation for upcoming sessions, 4.) Responses to follow-up questions regarding treatment and implementation of plans within the home or school setting, and 5.) Communication with related providers, per documented consent for exchange of information, to facilitate integrated care. In signing the below, the patient or patient's parent/guardian agrees to hold Dr. Caterino harmless from any breaches of confidentiality of client information and records not caused by Dr. Caterino but related to the use of non-secure means of communication.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____