

**Katharine Rossier, MSW, PLLC**  
**Katharine Z. Rossier, LICSW, LCSW, LCSW-C**  
**Psychotherapist**

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***Informed Consent for Teletherapy Services***

Teletherapy is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a psychotherapist and a client who are located in two different locations. For our video teletherapy sessions, we will be using *Doxy.me*, a HIPAA-compliant Internet platform.

With respect to teletherapy:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
2. I understand that there are risks, benefits, and consequences associated with teletherapy, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
4. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to teletherapy unless an exception to confidentiality applies (i.e., mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
5. I understand that my therapist may determine that, due to certain circumstances, teletherapy is no longer appropriate and we would need to discuss other options.
6. I understand that during a teletherapy session, if we encounter technical difficulties resulting in service interruptions, I should end and restart the session. If we are unable to reconnect, my therapist should phone me at \_\_\_\_\_ to discuss other options, including rescheduling.
7. I understand that I must take reasonable steps to protect my privacy, including use of a quiet, private space and a secure Internet connection. I understand that public/free Wi-Fi connections provided by airports, coffee shops, malls, hotels, etc., are not secure, and also that Internet connections provided by my place of employment may not be secure.

8. I understand that my insurance company might not reimburse teletherapy appointments and that if it does not, I am responsible for the full payment.

9. I understand that, for use in case of an emergency, my therapist needs an emergency contact for me. My emergency contact is:

Name (printed): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

10. I understand that, for use in case of an emergency, I must provide my therapist at the beginning of each session with the address of my physical location.

11. I understand that, in case of a life-threatening emergency only, my therapist may need to phone my emergency contact and/or appropriate authorities.

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I have read the information provided above and discussed it with my therapist. I understand the information contained in this form, all of my questions have been answered to my satisfaction, and I hereby consent to participate in teletherapy with Katharine Z. Rossier, LICSW, LCSW, LCSW-C.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_