

Andrea Neal, PhD
Licensed Psychologist

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Telehealth and Videoconferencing Service Agreement

I understand that although I will be engaging in in-person therapy, there may be times when it is clinically appropriate to have sessions via teletherapy via videoconferencing. It is important to speak with your health insurance regarding reimbursement, because some providers do not reimburse for services that are not provided in person. I hereby consent to engage in teletherapy with Andrea Neal, PhD.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in Andrea Neal PhD's Notice of Privacy Practices, which I received with this consent form.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Neal, 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; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy-based services and care may not be as complete as face-to-face services. I also understand that there are potential risks and benefits associated with any form of psychotherapy.
5. I accept that teletherapy does not provide emergency services. Prior to engaging in teletherapy, Dr. Neal and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the King County Crisis Line at 206-461-3222 or the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.
6. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

8. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

I HAVE READ, UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ABOVE.

Signature of client (or person acting for client)

Date

Printed Name

Signature of therapist

Date