

Karen M. Buckley, LICSW, ACSW, OSW-C

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CONSENT FOR TELETHERAPY

I understand that there may be times when it is clinically appropriate to have sessions via teletherapy. I hereby consent to engage in teletherapy with Karen M. Buckley. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually.

- Please contact your insurer prior to the session to confirm coverage. You are responsible to contact your insurance company to confirm coverage prior to the session.
- Please contact me at least 48 HOURS in advance of your scheduled appointment to inform me that you wish to participate in a video session.
- If insurance does not cover a teletherapy session, **you will be responsible for the cost of the session.**

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 and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.
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 Karen M. Buckley, 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. If I am experiencing an emergency situation, having suicidal thoughts or making plans to harm myself, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

I can call the Crisis Line in my area 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.

- To use the service, you must either have access to a smart phone or a computer with internet service and Chrome or Firefox browser. You can either download the Doxy app, or go to URL <https://doxy.me/karenmbuckleyllc> -- This is a free, HIPAA compliant, video conferencing site. You will check into a virtual "waiting room" a few minutes prior to your scheduled session. You will clearly see my name listed in the waiting room as karenmbuckleyllc.
- In order to participate in a video session, you must be in Washington State at the time of session.
- Only you can participate in video sessions. No one else can be in the room with you and it must be an area where you cannot be overheard.

I have read, understand and agreed with the information provided above.

Client Name: _____

Signature: _____ Date: _____

Insurance Plan Holder / Financially Responsible Person:
