

James L Moog MA LMFT MAC BCETS

Individual, Couple & Family Therapy

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License MFT17484

Informed Consent Checklist for Remote Therapy Services

I consent to participate in Telepsychology Services

I consent to participate in Video Therapy Sessions

I understand and agree to the following:

- There are potential benefits and risks of telepsychology or video therapy that differ from in-person sessions. Importantly, there are greater risks to confidentiality, some of which depend on the setting in which the client chooses to complete the session
- It is important for the client to be in a quiet, private space that is free of distractions (including television, radio, or other devices) during the session.
- Confidentiality still applies for telepsychology services and video therapy sessions, and no one will record the session without the permission from the other persons(s).
- I agree to use Therapy Sites for video therapy, which is a HIPAA compliant provider of the www.JamesMoog.com website.
- The client needs to use a webcam with audio ability during each video therapy session and use a secure internet connection for video therapy rather than a public/free Wi-Fi.
- Whether by telephone or video conferencing, it is important to be on time for your scheduled meeting. If you need to cancel or change your appointment, please notify me in advance by text.
- For video therapy sessions, we need a back-up plan (i.e. phone number where each of us can be reached) to restart the session or to reschedule it in the event of technical problems.
- We need a safety plan that includes at least one emergency contact in the event of a crisis.
- If the client is a minor, we need the permission of the client's parent or legal guardian (and their contact information) for the client to participate in either telepsychology or video therapy sessions.
- If the client relies on insurance for health services, they should confirm with their insurance company that telehealth services will be reimbursed.
- Either of us may initiate a conversation to determine that, due to circumstances, telepsychology or video therapy is no longer appropriate and that we should resume our sessions in-person.

James L Moog, MA MFT, BCETS _____ Date _____

Client Name _____ Date _____ Phone # _____

Signature of Client/Legal Guardian _____

Emergency Contact Name _____ Emergency Contact Phone # _____