

Video Behavioral Health Informed Consent

Introduction of Video Behavioral Health:

- As a client or patient receiving behavioral services through video behavioral health technologies, I understand the following:
- Video behavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.
- The interactive technologies used in video behavioral health incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

- *Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.*

Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, apps and email) and may not involve direct face-to-face communication. There are benefits and limitations to this service.
- It is possible that your insurance company will not cover video therapy after the National State of Emergency is lifted.

Technology Requirements:

- I, the client, will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.
- *During my video behavioral health consultation, details of my medical history and personal health information may be discussed with myself or, with your permissions, other behavioral health care professionals through the use of interactive video, audio or other telecommunications technology.*

Local Practitioners:

- If a need for direct, in-person services arises, it is my responsibility to contact practitioners in my area. Steve Szopa will assist me in this process by providing either names or resource lists of other practitioners.

Self-Termination of Video Sessions:

- I, the client, may decline any video behavioral health services at any time without jeopardizing my access to future care, services, and benefits. I, the therapist, am willing to continue in-person meetings with you once it is deemed medically safe to restart face-to-face meetings. I, the patient, may still contact Steve Szopa in emergency situations. (See instructions, below, under Emergency Protocol)

Risks of Technology:

- These services rely on technology that allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Also, Steve Szopa is currently practicing from an office in Washington, DC so emergency assistance may be harder for him to obtain if you live outside of Washington, DC.

Modification Plan:

- Steve Szopa and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of the technologies we have agreed upon today and modify our plan as needed.

Emergency Protocol:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
- In emergency situations
 - **Page me at 703-550-4178. Leave message with name and phone number. Dial 949 before hanging up**

IMPORTANT: Please list an emergency phone number of a relative or close friend that I could contact in the event of a life-threatening emergency:

Name: _____

Telephone Number: _____

Disruption of Service:

- Should service be disrupted
 - **I, Steve Szopa, will contact you to discuss how to reconnect our call or video session**
 - **Please fill in the best phone number at which to reach you if we are disconnected: _____**

Confirmation of Agreement:

Client Printed Name

Signature of Client (or Legal Guardian)

Date

Stephen M Szopa, LCSW

Stephen M Szopa, LCSW Signature of Practitioner