

CONSENT TO TELEHEALTH

Telehealth is video conferencing so you and Dr. Janit can have remote therapy/intake sessions over the internet. Doxyme is the internet platform, which is secure and HIPAA compliant. Please use devices that you know are secure, and choose a private location for your session. By signing below, you agree not to record any Telehealth sessions. The link is as follows: <https://gapsych.doxy.me/>

Therapy clients: Please sign on to Doxyme at least five minutes before your session time, and you will be placed in a virtual “waiting room” until your therapist starts the session. Alternately, Dr. Janit may send you a text or email prompt at the time of your appointment.

Evaluations/intake interviews: One of Dr. Janit’s psychometrists will send you a text or email prompt at the time of your appointment. Clicking on the link in the message will place you in the “waiting room.”

In Case of Technology Failure During a Telehealth session, the most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you. If you get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within five minutes, please call us at (706) 364-4599. Please also provide your telephone number and email address.

Your phone number: _____ Your email address _____

Emergencies: Our practice is an outpatient facility, not an emergency facility. If at any time this does not feel like sufficient support, please inform Dr. Janit and additional resources can be discussed. If you are having a mental health emergency and need immediate assistance, please do one or more of the following:

- Call Behavioral Health Link: 800-715-4225
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911 Go to the emergency room of your choice.

You agree to inform Dr. Janit of the address where you are at the beginning of every Telehealth session. If you are in a crisis, we may determine that you need a higher level of care, and we require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Your signature below indicates that you understand we will only contact this individual in the circumstances stated above.

ECP Name: _____ Phone: _____

Billing: By providing your credit card number and signing below you indicate that we may charge your card at the time of each session. The same fee rates will apply for telepsychology as in-person therapy. You are also responsible for the cost of any technology you may use such as your computer, cell phone, tablet, internet or phone charges, software, headset.

Credit card number _____ Expiration _____ Name on card _____

Consent to Telehealth Services: I have read and understand the contents of this form, I agree to these policies, and I am authorizing Dr. Janit to utilize the Telehealth methods discussed. I understand that this consent form is an addition to the intake packet I already signed, and both documents apply together.

Client Name _____ Date _____

Parent/guardian’s name, if applicable _____

Client’s signature (or parent/guardian’s signature, if applicable) _____