

Jeffry Stine, Psy.D.
Licensed Clinical Psychologist
4044 N. Lincoln Ave, Suite 461
Chicago, IL 60618

Informed Consent Addendum for Teletherapy Sessions

(3/13/2020)

This document reviews Jeffry Stine, Psy.D.'s policy related to teletherapy sessions. Please note that this relates to therapy services provided over the phone or video session and not text or email. If you have any questions regarding the following, please do not hesitate to ask.

1. Teletherapy sessions will be conducted using my Theranest platform. You will receive a link ahead of our appointment time. Click that link to enter into our virtual session. The virtual session supports audio and visual capabilities. If possible, video sessions are preferred.
2. State law requires that both the psychologist and client be in the same state in which the psychologist holds their license. I am licensed in Illinois, which means you must be in Illinois also for us to have a teletherapy session.
3. It is the psychologist's responsibility to provide a HIPAA compliant "end-to-end" encryption in order to keep sessions as confidential as possible. My Theranest platform meets these requirements. However, please know that no method of communication is completely confidential and certain other teletherapy platforms may save "meta-data," which is who spoke to whom for what period of time. No session content is saved or recorded.
4. Teletherapy will not be available outside of regularly scheduled appointments.
5. At the time of the teletherapy session, please make attempts to be in a quiet place where you will not be distracted, interrupted, or overheard.
6. Teletherapy is not well suited for crisis intervention. If you are experiencing a crisis (e.g. suicidal ideation), please contact me to assist you in finding resources to utilize to assist you in managing the crisis situation.
7. As with any technology, there is always a risk of being inadvertently disconnected. If our virtual session is disrupted at any time, I will attempt to reconnect with you. If we are not successful in resuming our session, we will schedule an alternate time to finish our session.
8. You will need to assume responsibility for maintaining confidentiality on your end of the session. You accept responsibility to secure any phone or computer you may use for our session.
9. As with any therapy session, you are ultimately responsible for payment. Please check with your insurance company to confirm you are eligible to receive services through teletherapy.

By signing this document, I understand the above information and I consent to using phone or video communication for psychotherapy. I understand that I can withdraw my consent to phone or video sessions at any time.

Name of Client

Date

Parent/Guardian

Date