

Videoconference Psychotherapy Sessions Consent Form

I,	am choosing to facilitate my
therapy sessions via the internet and through videoco	onferencing with
(TI	herapist)
at Balance Stress Management & Therapy.	
By choosing this option, I understand that:	

- Videoconferencing is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue.
- Vsee.com software must be downloaded onto a computer and an account setup.
 The therapist's username must be added to your contacts: BalanceStresstx
- Appointments will be made via phone. Please be online at least five minutes prior to session, alone, in quiet room, door closed. Therapist will call you at scheduled appointment time.
- Appointments are paid at the same rate as agreed on the Financial policy. I
 understand that I will be charged for a missed appointment according to the Financial
 policy.
- For best picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. Headphones add additional security.

Any internet based I communication is not 100% guaranteed to be secure/confidential.
agree that(therapist) of Balance Stress
Management & Therapy, PC should not be held responsible if any outside party gains
access to my personal or confidential information by bypassing Vsee.com security neasures.
In a crisis or emergency situation that needs immediate attention, whereby I am considering harming myself or someone else, I will call the National Suicide Hotline at
300-784-2433, dial 911 or go to the nearest Emergency Room
Confidentiality should be treated like an in office session: no outside distractions, turn
off cell phones, close other programs on computer and "arrive" on time.
Technical problems could occur. If the call is disrupted, the therapist will call back
vithin ten minutes. If reconnection cannot occur, the session will be rescheduled via
phone
Client Printed Name:
D.O.B
Client Signature:
Data:
Date: