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TELEHEALTH PARTICIPATION VIA VIDEO CONFERENCING AGREEMENT

When an in-person therapy session is not possible, it may be viable for treatment delivery to occur via interactive video-conferencing (i.e., virtual “face-to-face” sessions) in lieu of, or in addition to, in-person sessions. Video conferencing (VC) is a real-time, interactive audio and visual technology that enables me to provide mental health services remotely.

The VC system I use (www.zoom.us) is HIPAA-compliant. This means that this site follows HIPAA (Health Insurance Accountability and Portability Act) standards of encryption and privacy protection, and does not store our conversation. You will not have to purchase a plan in order to “join” our online meeting. You will need to download Zoom ahead of our session, but can sign up for the plan that is free.

Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Although VC may be used when the clinician and client are in different locations, licensure regulations only allow a session to be conducted in the state in which the clinician is licensed and the client is located. Exceptions can be made if temporary permission is available from another state or if ethics suggest that conducting sessions in this way is justified.

Please understand that although I can control privacy in my environment, I cannot guarantee privacy in yours. It is your responsibility to ensure that you/your child or teen is in a private space with no one else in the room in order to maintain your/their confidentiality. A headset is recommended if there is a concern of voices being heard from another room.

CPT (current procedural terminology) coding for VC is the typical therapy session procedure code followed by a modifier for video session. Most insurance companies reimburse video sessions in the same way as in-person sessions, but please inquire with your own insurance company regarding the particulars of your potential reimbursement.

Risks of VC in general may include (but are not limited to): lack of reimbursement by your insurance company, the technology being delayed or dropping due to problems with internet connections, or a breach of information that is beyond our control. If the technology drops and we cannot get it back or complete a call, your session will be prorated accordingly.

Clinical risks may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting nonverbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. I will weigh these advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

By signing the document below, you are stating that you are aware that I may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

Below, please include the names and telephone numbers of your local emergency contacts (including physician; trusted family; friend, or confidant). You are granting permission for me to contact the appropriate person/agency in the case of emergency.

Physician/Psychiatrist Name (circle which one)

Telephone number(s)

Family Member-- Name & Relationship

Telephone number(s)

Other-- Name & Relationship

Telephone number(s)

By signing this document you are declaring your agreement with the following statement: I have read this document and have had the opportunity to ask questions. I understand the risks/limitations and benefits of video conferencing. I agree to telehealth sessions (CPT code includes the modifier GT) via video conferencing. I agree not to record (audio or video) any portion of our video conference sessions.

Signature (of adult client or legal guardian if client is minor)

Date

Printed Name of Signer

Printed Name of Minor Client, if applicable