



Dr. M. Sophia Aguirre

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## TELEHEALTH VIDEO CONFERENCING INFORMATION & CONSENT

*This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to telehealth video conferencing.*

After intake and the establishment of a therapeutic relationship, it **may** be possible for treatment delivery to occur through Telehealth via interactive video-conferencing (i.e., virtual “face-to-face” sessions or “online therapy”) in lieu of, or in addition to, “in-person” sessions. Telehealth video conferencing (VC) is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely.

Treatment delivery via Telehealth VC may be a preferred method due to convenience, distance, or other circumstances. However, it is always important for me, as your psychologist, to consider a variety of factors to decide if Telehealth VC is an appropriate treatment modality for each individual patient.

The video conferencing platform I will be using is Telehealth by Simple Practice. The Telehealth by SimplePractice platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Telehealth by SimplePractice is willing to attest to HIPAA compliance and assumes responsibility for keeping our video conferencing interaction secure and confidential. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly.

### **Your Responsibilities for Confidentiality & Telehealth Video Conferencing:**

- To maximize your engagement in Telehealth VC, I suggest you schedule your VC appointments as you would an in-person therapy session meaning, you would protect the time and ensure you are free from distractions.
- The VC systems work best when you are able to connect to the Internet. If you choose to rely on a data plan, I cannot ensure your session will have ideal signal and there may be connectivity issues, interrupting the session
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with.
- You are responsible for initiating the connection with me at the time of your appointment. I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).
- Additionally, you agree not to record any Telehealth VC sessions.

### **Emergency Procedures Specific to Telehealth Video Conferencing**

There are additional procedures that we need to have in place specific to Telehealth VC. These are for your safety in case of an emergency and are as follows:

- I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only.
- You agree to inform me of the address where you are at the beginning of every Telehealth VC session.

### **In Case of Technology Failure**

- During a Telehealth VC session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number. If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call me.
- If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to my phone service, and we are not able to reconnect, I will not charge you for that session.

## CONSENT TO TELEHEALTH VIDEO CONFERENCING SERVICES:

1. I understand that telehealth includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications.
2. Dr. Sophia Aguirre explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a Telehealth VC consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
5. Clinical risks may include discomfort with virtual face-to-face versus in-person treatment, difficulties interpreting non- verbal communication, and importantly, limited access to immediate resources if risk of self- harm or harm to others becomes apparent.
6. I understand that Dr. Sophia Aguirre will assess whether or not it is appropriate to conduct sessions with me via Telehealth VC and this decision may change over time based on new information, including my clinical status, administrative issues, and legal issues. Dr. Aguirre reserves the right to decide it is no longer appropriate to engage in sessions via Telehealth VC at any time for any reason. This means you may be required to come for in-person sessions instead or to consider transfer to another clinician in your local area if you are unable to come for in-person sessions or choose not to.
7. To maintain confidentiality, I will not share my Telehealth VC appointment link with anyone unauthorized to attend the appointment.
8. I understand it is my responsibility to confirm with my insurance company that Telehealth services will be reimbursed; if they are not reimbursed, I am responsible for full payment.
9. I have had a direct conversation with Dr. Sophia Aguirre, during which I had the opportunity to ask questions in regard to Telehealth VC services. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of Telehealth Video Conferencing.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

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Patient Signature

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Date