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Informed Consent Addendum For Phone or Video Chat Sessions

Here are some key issues regarding phone or video chat psychotherapy sessions. I do not do psychotherapy over text or email. If you have any questions, please let me know.

1. We have a phone or video chat session when we are both in Illinois. There are exceptions to this, including this period of time when we are intentionally sheltered at home.
2. No method of communication is completely confidential. However, standard for phone and video chat services is end-to-end encryption and to save only the metadata (who was called and how long the call lasted).
3. I have reviewed the following technologies and determined that they have end-to-end encryption at or above the level required by federal law: Facetime, Google Duo and Skype. However, I want the most secure possible connection possible, so we can use a medically encrypted video conferencing or a telephone session.
4. At the time of your phone or video session, please be in a quiet place where you will not be distracted or interrupted, and your session will not be overheard.
5. Potential benefit to phone or video chat sessions: We may be able to meet at times when meeting in person may not be practical
6. Potential risks and costs to phone or video chat sessions:
 - a. There may be less nonverbal communication than for an in-person session.
 - b. With any technology, there is always the risk of being inadvertently disconnected. If our call or chat session is disrupted at any time, please give me 1 minute to try to contact you. After 1 minute feel free to call or text. You can also email me (at ronni@journeywellnow.com) about another time to call, if the calling technology appears to be dysfunctional.
 - c. You will need to assume responsibility to maintaining confidentiality on your end of the session. You accept responsibility to secure any phone or computer you may use for our session.
 - d. As with any psychotherapy session, you are ultimately responsible for payment (i.e., providing me with up-to-date health insurance information).
 - e. There is a possibility of security risks and limits of confidentiality inherent in using a cell phone for telehealth sessions. I will be using a cell phone in my telephone calls.

Due to the nature of telehealth I will ask your location each time that we speak. If you have questions about this please ask me. Please complete below your home address and person to contact in case of emergency. (Please print)

Home address:

Street address City, State and Zip code

Emergency Contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I understand the above information and I consent to using mobile phone/land line telephone or video chat for psychotherapy. I understand that I can withdraw my consent to phone or video chat sessions at any time.

Signature Print Name ___ / ___ / ___
Date

Therapist Signature Print Name ___ / ___ / ___
Date