

Deborah E. Lubetkin, Psy.D.

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Telehealth Informed Consent Form

I _____, consent to engaging in telehealth with Deborah E. Lubetkin, Psy.D. as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications. The only forums used will be ones that are confirmed HIPPA compliant platforms.

I understand I have the following rights with respect to telehealth:

- 1) I have the right to withhold or remove consent at any time without affecting my right to future care or treatment.
- 2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 3) I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Deborah E. Lubetkin, Psy.D. that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.

In addition, I understand that telehealth-based services and care may not be as complete as in-person services. Telehealth services are used only intermittently and as an adjunct to in-person sessions, in circumstances whereby the patient and/or Dr. Lubetkin cannot be present for a face-to-face office visit (i.e. in the event of illness, a move or a snowstorm). I understand that if Dr. Lubetkin believes I would be better served by other interventions I will be referred (if applicable) to another mental health profession who can provide those services in my area. I also understand that there are potential risks and benefits associated

with any form of mental health treatment, and that despite my efforts and the efforts of my therapist, my condition may not improve, or may have the potential to get worse.

- 4) I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of some telehealth platforms, even while deemed HIPPA compliant, are not 100% secure and may also include issues due to wifi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold Deborah E. Lubetkin, Psy.D. or her staff liable for gathering or use of client information by these service providers.
- 5) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for video/computer-based psychotherapy services. If I am in crisis or in an emergency I should immediately call 911, go to the nearest hospital or crisis facility, or follow the plan previously agreed upon with Dr. Lubetkin.
- 6) I have read and understand the information provided above. I have discussed these points with my therapist, and all of my questions regarding the above matters have been answered to my approval.

Patient Signature/Date

OR:

Parent Signature for Minor/Date