

Tiffany Griffiths, Psy.D. & Associates, Inc.

VIRTUAL THERAPY SERVICES AGREEMENT AND INFORMED CONSENT

I understand that treatment at Tiffany Griffiths, Psy.D & Associates, Inc. may involve discussing issues that may be uncomfortable. I also understand that at times my therapist may ask me to challenge myself in-between therapy sessions, which also may be uncomfortable, and is designed to be helpful.

I understand that it is possible to experience transient adverse side effects from virtual environments, including motion sickness, disorientation, and dizziness. I agree to inform my therapist if I experience such side effects and wait until I am no longer experiencing any such effects before beginning other activities, such as operating a motor vehicle. A very small portion of the population may experience epileptic seizures when viewing certain kinds of flashing lights or patterns that are commonly present in daily activities. Such people also may experience seizures while using the head-mounted display. I agree to inform my therapist of any past epileptic activity, as this may affect their professional judgment about utilizing the virtual environments as part of my planned treatment.

Unless we explicitly agree otherwise, our Virtual Therapy exchange is confidential. Any personal information you choose to share with me will be held in the strictest confidence. Just as for my face-to-face clients, I will not release your information to anyone without your prior approval, or I am required to do so by law. There are specific and limited exceptions to confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

You understand that our Virtual Therapy occurs in the state of Pennsylvania, (USA), and is governed by the laws of that state. In a manner of speaking, you use this modality to visit me in my Pennsylvania office; where we meet to do our work.

Helping you build the life you want is what our exchange is all about. We should not continue any process that is counter-productive in that respect. Either of us is free to terminate our relationship at any time and for any reason. If you decide to terminate, I believe it would be to your benefit to drop me a short note stating the reasons for your leaving. There would, of course, be no charge for such a note. In the unlikely event I become convinced our Virtual Therapy is not in your best interests (see below), I will explain that to you and suggest some alternative options better suited to your needs.

While Virtual Therapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that our Virtual Therapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using Virtual Therapy vs. face-to-face psychotherapy. In particular, you accept that Virtual Therapy does not provide emergency services.

You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it's up to you to keep that information secure. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers but VSEE is encrypted, so it is confidential. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails. Even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.

Our Virtual Therapy is a means by which you, the e-client, can receive coaching, counseling, information and guidance from an experienced psychotherapist. It is perhaps most accurately perceived as a process creating, over time, a trusting and collaborative relationship. In our collaboration, you retain the right to determine which topics we cover and the depth of consideration each receives. In other words, as an e-client, you are free to contribute or withhold any information you choose. Moreover, you are under no obligation to apply information and/or opinions I contribute to our Teletherapy. While I hope that you will find our exchange useful in your efforts to help yourself and improve your life, it is not possible to guarantee that; despite the ever-increasing positive feedback from e-clients, Virtual Therapy therapy is best considered experimental until its efficacy has been validated scientifically.

I understand that I may benefit from Virtual Therapy, but that results cannot be guaranteed or assured. I accept that Virtual Therapy does not provide emergency services. During our first session, therapist and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800. 273.TALK (8255) for free 24-hour hotline support.

Virtual or Telehealth (e-therapy) is the use of electronic transmissions to treat the needs of a patient. In this case, we offer both video and audio forms of communication (depending upon your insurance company's allowance) via the Internet and/or telephone (also depending upon your insurance company's allowance). This means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. The risks involved with Virtual Therapy include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions have the ability to grab and released information you may desire to keep private. Furthermore, there is the risk of being overheard by anyone near you if you do not place yourself in a private area and open to other's intrusion. The advantages are that you may be treated from any location at a mutually agreeable time.

It is YOUR responsibility to create an environment on your end of the Virtual Therapy transmission that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility for me, the therapist, to do the same.

Please read the following information carefully and discuss any questions or concerns with your therapist:

Fees are payable at the beginning or end of each session. You may pay in advance, but you may not miss payments unless this is specifically negotiated ahead of time.

You will be required to pay a fee of \$75 for sessions that are not canceled or rescheduled 24 hours in advance. Note, that most insurance companies will not reimburse you for missed sessions.

For a client who resides outside their e-therapist's state of residence and professional licensure, there is an important issue that should be understood by clients before therapy begins: By utilizing these therapeutic services, the client agrees that he or she is soliciting the services of a professional outside of his or her state of residence. By doing this, the client agrees that the "point-of-service" of therapy is to occur in the therapist's state of residence and licensure, not the client's. In essence, the client is using the telephone or the Internet to virtually travel to the therapist (the therapist's state of professional practice). Hence, therapists are accountable to and agree to abide by the ethical and legal guidelines prescribed by their state of licensure and residence. By agreeing to solicit the therapist's services, the client agrees to these terms. If you do not understand, or have any questions regarding this issue, please feel free to ask me about this issue.

I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law. I have read, understand and agree to the information provided above.

There are no other explicit or implied commitments in our Teletherapy relationship.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Patient (or Parent if Child is 13 or younger) Signature: _____

Patient (or Parent) Printed Name: _____

Therapist Signature: _____ Date: _____