

Dr. Gerdes is pleased to offer telehealth services, via the Simple Practice video-conferencing platform, as an alternative to meeting face-to-face in Dr. Gerdes’ office. This option allows for greater flexibility in your accessing the care you need, especially under circumstances that do not allow for us to safely or conveniently meet in-person. The following information identifies potential benefits and risks to using telehealth services. **Please read this information carefully, noting any questions that you have for us to discuss further. Then please sign at the bottom that you have read and understand these potential benefits and risks, and that you have had your questions answered to your satisfaction.**

Potential Benefits:

As with all psychological services, you may experience a variety of benefits from working with a therapist that you deem compassionate and competent to assist you where you are struggling or experiencing distressing symptoms. Examples may include improvements in your mood, in your coping ability, in your relationships, and in your sense of purpose and overall sense of well-being can result. **I understand that Telehealth services can also provide these unique benefits...**

- Easier access to care when meeting in-person is not available, appropriate, safe, or convenient.
- Convenience of meeting from a location of my choosing.
- Time/cost savings, by eliminating missed time from work and time spent traveling to Dr. Gerdes’ office.

Potential Risks:

The following are considerations for the appropriateness of engaging in telehealth services. **I understand that...**

- **Telehealth is NOT an Emergency Service.** In the event of an emergency, I agree that I will call 911.
- Telehealth services may not be a good fit for every person. I understand that Dr. Gerdes and/or I may determine that this is the case for me. If so, we will need to decide upon an alternative means for my receiving the care I need. Or, we may choose to discontinue a specific telehealth session if the videoconferencing connections are not adequate for that session.
- Telehealth services can be disrupted by security breaches or unauthorized access, interruptions, and technical difficulties. In utilizing the Simple Practice telehealth platform, Dr. Gerdes is following legal standards and security best practices with this HIPAA-secure application in order to protect my private health information. But I will also need to participate in maintaining my own security and privacy.
- To protect the confidentiality of the telehealth session, we each agree that no one will record the session without permission from the others person(s). We also each agree to do everything reasonably possible to ensure privacy and security, e.g. use of a secure internet connection (rather than public/free Wi-Fi); meeting in a place where others cannot listen in; use of headphones; closing doors; use of sound-muffling devices if needed, etc.
- We agree to use the Simple Practice video-conferencing platform selected for our telehealth sessions, and Dr. Gerdes will explain how to use it.
- We each agree to do whatever possible to eliminate distractions (including silencing cell phones, avoiding TV, social media, “multi-tasking,” etc.) during the session.
- It is important that we both be as close to “on time” as possible. If I need to cancel or change my telehealth appointment, I must notify Dr. Gerdes 24 hours in advance by phone or email, unless there is an emergency that makes 24 hours’ notice impossible.
- We will need a back-up plan (e.g., a phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems.
- If I am not a legal adult, Dr. Gerdes requires the permission of my parent or legal guardian (and their contact information) before I can participate in telehealth sessions.
- If I plan to seek out-of-network reimbursement for the telehealth session, I will need to confirm with my insurance company that telehealth sessions are covered benefits. Whether telehealth is reimbursable by my insurance, as with the rest of Dr. Gerdes’ services, I am responsible for full payment at the time of service.

By signing this form, I certify:

- That I have read and fully understand its contents, including the potential risks and benefits of telehealth services, and agree to the items stated therein.
- That I have been given ample opportunity to ask questions, and that any questions have been answered to my satisfaction.

Client or Parent Signature

Date