



**ZOOM Video Conferencing Psychotherapy Consent Form**

Patient Name \_\_\_\_\_ (please print)

Life Change Psychotherapy Institute finds it necessary to temporarily close its physical location due to the coronavirus outbreak and discontinue in-person therapy sessions, we have taken steps to offer therapy via private, encrypted and HIPAA-protected videoconferencing technology from Zoom. Participation in the video conferencing mode of therapy is strictly voluntary.

It is the responsibility of the patient to consult their specific health insurance and verify that video teleconferencing benefits are included in their plan.

If you would rather not use insurance, you may speak with your therapist about an alternative payment arrangement. Please note that a missed session charge may still apply to cancellations with fewer than 24 hours' notice.

To participate in telehealth therapy sessions, patients are responsible for having or obtaining the following equipment/service:

- Device with email access (desktop or laptop computer, tablet, smart phone)
- Wifi
- Camera—either built-in or plug-in
- Earphones (often allowing greater sound quality compared to a device's built-in sound features)

In the event that video conferencing sessions cannot occur, you and your therapist can discuss the appropriateness of phone therapy.

No pre-registration or existing account with Zoom, our chosen video teleconferencing platform, is required on the part of the patient. For each session, a therapist will send a patient a meeting invitation and link via email. The link will automatically launch a connection to the video teleconferencing software and the patient will join his/her therapist in a private video/audio setting. A new link will be sent for each scheduled session.

Patients can participate in telehealth therapy sessions from their home, office or private location of their choice. Patients are responsible for safeguarding the physical privacy of their chosen location, for example, by closing the door.

**By signing this form, I certify:**

I have had a direct conversation with my therapist, during which I had the opportunity to ask questions with regard to therapy via video conferencing. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me. I give permission to Life Change Psychotherapy Institute to send communications about appointments via the email listed below.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**E-mail (required for participation in telehealth sessions)**

**NOTE: Return form ASAP to 1200 Eubank Blvd NE, Albuquerque NM 87112.**