

Novo Psychotherapy, LLC

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Telepsychology/Distance Counseling Informed Consent Form

DISTANCE COUNSELING OPTION: I, the client, understand your provider @ Novo Psychotherapy, currently offers distance counseling via phone, and video telecommunication option using DOXY.ME. DOXY.ME is HIPPA and HITECH protected and can offer greater protection of your personal health information over SKYPE or other typical video communication tools. Your provider will send the client a personalized link to his/her virtual waiting room, and the client simply needs to click on invitation link, to “show up” for the session at the agreed upon date and time.

POTENTIAL ISSUES WITH TECHNOLOGY: I, the client, understand that video communications can be stalled or interrupted, and connections can be lost or frozen at times. If the disruptions prevent a productive working session to occur, the provider will call the client to finish the session over the phone.

TERMS: I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to providers of Novo Psychotherapy providing health care services to me via telemedicine. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

As always, your insurance carrier will have access to your medical records for quality review/audit. I understand that I will be responsible for any payments or copayments or coinsurances that apply to my telemedicine visit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting my provider at Novo Psychotherapy or info@novopsychotherapy.com. As long as this consent is in force (has not been revoked) my provider may provide health care services to me via telemedicine without the need for me to sign another

I, the client, reviewed the TELEPSYCHOLOGY CONSENT FORM and give consent to my provider at Novo Psychotherapy, for the use of video/phone sessions. By signing this form, I accept and understand the following:

- *I have “opted in” for the electronic technology that is acceptable to me at this time.*
- *I have had ample opportunity to ask questions and receive clarification about these options and this policy.*
- *I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.*
- *I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.*
- *I wish to proceed knowing these risks.*

Client signature

Date