

**AGREEMENT FOR VIDEO CONFERENCE AND/OR**

**TELEPHONE THERAPY APPOINTMENTS**

I confirm that my psychotherapist, Reg Fleming, has offered me psychotherapy sessions via video conferencing and/or telephone and I have agreed to this. I confirm that my psychotherapist has clearly explained the benefits and risks of using these technologies to me to the extent of my psychotherapists' understanding.

**Risks and Benefits:**

I understand that in addition to the risks and benefits of psychotherapy in general, doing psychotherapy remotely has the potential benefits of easier access to care and meeting in a location of my choosing. The potential risks include interruptions, technical problems and the potential for unauthorized access.

My psychotherapist has explained to me that s/he has taken reasonable care to ensure the technology used is safe, appropriate, and reasonably secure. I understand that landlines are thought to be the most secure telephone option with cordless and mobile phones offering less security.

I understand that if the video conferencing technology is not working properly, my psychotherapist or I can suggest completing the session over the phone or ending the session earlier than usual. My psychotherapist is not responsible for troubleshooting technological problems during the course of the remote session.

As this agreement entails continuing psychotherapy though not in an office, I agree that I will ensure that I am in a location that is as confidential as being in an office, to prevent being overheard. To minimize disruption, I will turn off text message and all mobile phone and/or computer notifications while meeting.

If I am usually in my home or office for my session but have relocated for a particular appointment, I will tell my psychotherapist where I am at the beginning of the sessions.

If, during the course of the session, it becomes clear that I am experiencing a mental health crisis, my psychotherapist, or I may use the session to establish a safety protocol or reach out to my emergency contact or other emergency services if this seems necessary.

I may revoke the agreement to use phone or video conferencing technology for my sessions with my psychotherapist at any time.

Psychotherapist Client

Reg R. Fleming

Name Name

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Date Date