

Client Informed Consent for Teletherapy Services

I hereby consent to engage in teletherapy services with Richard E Madden, PhD, LCSW.

I understand that teletherapy includes consultation, treatment, transfer of personal and health information, emails, telephone conversations and education using interactive audio, video and data communications. I realize that the security of my email transmissions cannot be assured.

I have a right to confidentiality with teletherapy under the same laws that protect the confidentiality of my personal and health information for in-person psychotherapy. Any information disclosed by me during the course of either my office-based psychotherapy or my remote teletherapy, therefore, is generally confidential.

There are, by law, exceptions to confidentiality including, but not limited to, reporting child, elder and dependent adult abuse; expressed threats of violence toward an ascertainable victim; my own mental or emotional state informing a clear danger to myself or others; where I make my mental or emotional state an issue in a legal proceeding; where otherwise required by law.

I understand that there are unique risks specific to teletherapy services including, but not limited to, the possibility of disruption, distortion or unauthorized access during transmission of personal information due to internet/electronic/technical failures beyond the control of Dr. Madden. The **www.doxy.me** telemedicine video conferencing platform is HIPAA and HITECH compliant for privacy/security, and **I will visit it for instructions prior to initiating teletherapy.**

I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured, and that Dr. Madden may decide to discontinue teletherapy in favor of another treatment modality, therapeutic strategy or termination of treatment. Should I ever find myself in need of emergency mental health care, I understand that I can call 911; or proceed to the nearest hospital emergency room; or if thinking about self-harm I can call: 1.800.273.8255.

I understand that I am solely responsible for the privacy and confidentiality in my surrounding environment while engaged in teletherapy and will exercise appropriate privacy measures. I also understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. I hereby decline receipt, at this time, of the short-form HIPAA Privacy Notice but may request a copy at any time.

TeleTherapy Access-By Appt Only-To Dr. Madden's Virtual Waiting Room: www.doxy.me/drmadden

My signature below attests to my understanding and acceptance of the above terms and conditions:

CLIENT (I am 18 years of age or older)

DATE

Richard E Madden, PhD, LCSW
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