

Leyla Mahbod Kenny, PhD, LICSW
1350 Connecticut Avenue, NW Suite 603
Washington, D.C. 20036
(202) 251-2884

Tax ID 72-1552961 D.C. License Number LC3000857 Maryland License Number 22448

Consent for Telehealth Services

In appropriate cases, it may be possible or necessary for treatment to occur via interactive video-conferencing sessions rather than in-person ones. Video conferencing (VC) is a real-time interactive audio and visual technology that enable me to provide mental health services remotely. The VC system I use is Zoom Telehealth, a HIPAA compliant platform that meets federal privacy and security protection requirements. You will not have to purchase a plan in order to join our on-line meeting. Before our scheduled sessions, you'll receive a Zoom link so that you can "enter" a "waiting room" prior to beginning our online video sessions. I will come to the "waiting room" to begin our session at our scheduled time.

Risks from VC may include (but are not limited to): lack of reimbursement by your insurance company- although many plans are adjusting to allow reimbursement to VC, the session being interrupted by dropped internet connections, delays due to connections or other technologies or breach of information beyond our control. Clinical risks may include discomfort with virtual face-to-face treatment, difficulties interpreting non-verbal communication, and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. I will weigh the advantages against any potential risks prior to proceeding with telehealth sessions and will discuss the specifics of telehealth with you before using the technology.

If for any reason our telehealth (also known as teletherapy) session is interrupted, you can reach me by calling (202) 251-2884 or by emailing me at Leyla@washingtondpsychotherapy.com (not HIPAA compliant). If you have a life-threatening mental health emergency, do not wait for communication back from me. By signing this document on the next page, you acknowledge that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

Please provide me with the best ways to contact you, in case our telehealth session is interrupted:

Phone: _____

I am required to get the name of an emergency contact person who I may contact on your behalf (in a life-threatening emergency only). Please enter this person's name and contact information below.

Name and relationship of emergency contact person: _____

Phone: _____

In the event of an emergency, what nearby hospital would you prefer to go to for help?

Hospital: _____

Phone: _____

At the beginning of each telehealth session, I will be asking you the address at which you are located, as required by law.

I have read this document and have had the opportunity to ask questions. I understand the procedures, risks, limitations and benefits of video conferencing. I agree to telehealth sessions described in this document.

By signing this document, you consent to sharing information provided here as necessary in an emergency.

Signature of Patient or Guardian

Date

Print name

Therapist name, LICSW, PhD

Date