



INSIGHTS COLLABORATIVE THERAPY GROUP

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TELEHEALTH SERVICE AGREEMENT

This Telehealth Service Agreement is an amendment to and part of the Informed Consent to Treat between Insights Collaborative Therapy Group and me to permit therapy sessions using phone or video conferencing (“telehealth sessions”). All terms and conditions of the Informed Consent to Treat, including, without limitation, session fees and cancellation policies, shall apply to telehealth sessions.

I agree to the following telehealth session guidelines when participating in therapy sessions using telehealth sessions.

1. All telehealth sessions using video conferencing will be initiated by therapist using its HIPAA-compliant Google Meets platform. Therapist will send me an email with a link to log into the telehealth session. I will click on that link just before the start of the telehealth session.
2. I agree to participate in telehealth sessions using my smartphone, desktop computer or laptop computer which are equipped with a working camera, a microphone and a wifi connection. The preferred method for telehealth sessions is a desktop computer or laptop computer. If possible, I agree to use earbuds or headphones during the telehealth session to insure privacy.
3. I agree that I will participate in telehealth sessions from a location that is private, quiet, and free from distractions (including cell phones and other devices).
4. I agree to start the telehealth session on time.
5. If there is a technical problem with or disruption to my telehealth session, the therapist will phone me at the phone number I have provided so we can continue the telehealth session.
6. I agree to dress and conduct myself during telehealth sessions in the same manner as I would at an office therapy session.
7. If I cancel or reschedule my telehealth session, I will notify the therapist at least 24 hours in advance. I agree to pay for missed or canceled telehealth sessions unless I notify the therapist at least 24 hours in advance.
8. I will verify my identity to the therapist at the start of the telehealth session. I agree that my participation in a telehealth session is a representation to the therapist that I am the same person that I have identified.

9. If an emergency arises during the telehealth session, the therapist will attempt to contact the person I listed as my Emergency Contact.

10. A benefit of telehealth sessions is that my therapist and I can engage and communicate in therapy without being in the same physical location. There are risks in using telehealth sessions, such as the possibility of misunderstanding one another when communication lacks in-person visual or auditory cues or the possibility of a technical problem or disruption to the telehealth session.

I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS CONTAINED IN THIS TELEHEALTH SERVICE AGREEMENT.

Client Signature

Date