

## **Tele-therapy Informed Consent**

I \_\_\_\_\_ (name of Patient/Legal Representative) hereby consent to receiving teletherapy services from DotCom Therapy, Inc (“DotCom”). I understand that teletherapy is the provision of professional services via a virtual delivery system, such as audio/video synchronous technology. The teletherapy services will be provided through an internet-based platform and data is encrypted for high levels of protection and privacy. Teletherapy services are provided by licensed professionals, including but not limited to Licensed Clinical Social Workers (“LCSW”), Licensed Marriage and Family Therapists (“LMFT”), Licensed Occupational Therapists (“OT”), and Licensed Speech Language Pathologists (“LSLP”) (collectively “Therapists”). Teletherapy services may include evaluation, assessment, consultation, treatment and psychoeducation. A licensed Therapist who is trained in the use of teletherapy will provide all teletherapy services.

### **Technology**

I understand that in order to receive teletherapy services I must have reliable internet and a laptop, desktop, or tablet with a microphone and video. I may need to download an application and/or software to use the DotCom platform. I understand and acknowledge that I will need access to, and familiarity with, the appropriate technology in order to participate in teletherapy services. I further agree to comply with the Terms of Use and Privacy Policies of the technology platform utilized in my telehealth encounters (Zesh).

### **Scheduling & Cancellation Policy**

I understand that scheduling of teletherapy services is conducted through my account and is based on my DotCom Therapist’s availability. All session cancellations must be initiated from my account profile page. I understand that I cannot cancel my session by emailing my Therapist or the support team. I acknowledge DotCom’s cancellation policy as follows:

- Cancellations must be made at least 24 hours prior to the scheduled appointment to allow time for your therapist to schedule another patient.
- All cancellations with less than 24 hours’ notice, including no-shows, will be charged a flat fee of \$50. A “no show” is defined by not entering the Zoom meeting within 10 minutes of the scheduled start time of the session.
- Insurance companies do not pay cancellation/no-show fees. As a result, the fee will not be discounted at the insurance negotiated rate and will be the patient/guarantor’s responsibility. Some patients with certain insurance coverage have rules surrounding payments for missed appointments. Please contact patient support for more information.
- Excessive missed appointments will be reviewed by DotCom and follow up actions will be determined on a case-by-case basis.
- This policy will apply to all patients, regardless of payment method, and is effective throughout the entirety of treatment.

For additional information see the grievance policy and contact patient support at support@dotcomtherapy.com.

### **Crisis/Emergency Policy**

Teletherapy sessions are considered outpatient services and are not a substitute for emergency or crisis services. I understand and acknowledge that a DotCom Therapist may not be available for contact between scheduled sessions. In the event of a crisis or mental health emergency, I understand that I should use my local crisis line, dial 911, or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand it is my responsibility to add my contact information and emergency contact information in my account profile.

### **Continuity of Care**

My DotCom Therapist will require a release of information before sharing my personal health information with my primary care physician, pediatrician, and any other designated providers (ex. psychiatrist) except as otherwise noted for emergency and legal reasons

### **Confidentiality**

I understand that the information disclosed by me during the course of my teletherapy services is confidential. However, there are mandatory and permissive exceptions to confidentiality including, but not limited to: (i) suspected child, elder, and/or dependent adult abuse; (ii) expressed threat of violence towards an ascertainable victim; (iii) expressed threat to harm or kill self; and (iv) court subpoena. I understand that my DotCom Therapist may need to disclose my confidential information to others in order to protect me or others. I recognize that transmissions over the internet are at my own risk and that DotCom cannot guarantee the security of any information I transmit to them over the internet.

### **Rights and Obligations with Respect to Teletherapy:**

1. I have the right to withdraw my consent for teletherapy at any time without affecting my right to future care or treatment upon written notice to my DotCom Therapist.
2. I understand that DotCom has the right to discontinue services at any time upon written notice to me.
3. I acknowledge that no guarantee has been made to me regarding the effectiveness or result of evaluation and/or treatment.
4. I understand that I will need to provide DotCom with an emergency contact in case an emergency should occur while I am receiving services from a DotCom Therapist.
5. I understand that teletherapy services may not be as complete as in-person services. I also understand that if my Therapist believes that I would be better served by in-person services, I will be referred to a Therapist who can provide such services in my geographic area.

6. I understand the above-stated description of teletherapy and consent to receive services through an internet-based platform. I will make every effort to maintain the security and privacy of my sessions. I release all DotCom professionals and entities from any liability should privacy or security be breached due to my failure to provide a private and secure session.
7. In the event that the patient is a minor, I acknowledge and agree that a parent or legal representative must be present during teletherapy session(s).
8. I understand that as the patient I have the legal authority to sign up for myself, or on behalf of a minor as their legal representative, and receive therapy services under the laws of the state in which I reside.
9. This contract will be governed by the laws of the state in which I reside.
10. I understand it is my responsibility to notify my Therapist if I am receiving services in a state other than where I reside. I understand that therapy may not be available with my Therapist if I am in a state other than where I reside due to licensing restrictions.
11. I understand that there are benefits, risks, and possible consequences associated with teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of DotCom, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
12. I understand that I have a right to access my medical information and to obtain copies of medical records in accordance with federal and state law.

I have read and understand the information provided above. I understand the risks, benefits and my rights related to teletherapy services. My signature below indicates that I hereby request and give my informed consent to DotCom's provision of teletherapy services.

---

Signature and Date