

Samuel D. Smithyman, Ph.D.  
Clinical Psychologist  
880 S. Pleasantburg Dr., Suite 2B,  
Greenville, SC 29607  
www.sdsmithyman.com  
Phone 864.232.1114

## Teletherapy Informed Consent

I \_\_\_\_\_ agree to participate in technology-based (video streaming) psychotherapy and/or consultation with Samuel D. Smithyman, Ph.D., a licensed Clinical Psychologist, when it is not possible or feasible to attend in-person office sessions. This means that I authorize my image to be electronically transmitted through an interactive video connection with end to end encryption to and from the above-named practitioner. Additional private health information may not be transmitted electronically without my additional consent.

I am aware that the same requirements for privacy and **confidentiality** that apply for in-person visits apply to visits conducted via video-streaming or telephonic sessions. It is my responsibility to ensure that the location from which I am video-streaming with Dr. Smithyman is private and secure and where there is a reasonable expectation of no intrusion by individuals not involved in my sessions without Dr. Smithyman's knowledge or consent. He will also inform me of any breach of privacy at his office or the place at which he is conducting a session with me. The teletherapy sessions will not be audio- or video-taped by Dr. Smithyman or me without mutual written consent.

I am using my own equipment to communicate electronically with Dr. Smithyman and not equipment owned by my employer. I am aware that any information entered into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

I am familiar with how teletherapy sessions are performed and how these sessions differ from in-person psychotherapy. I am also aware that some insurance carriers may refuse to honor claims for all forms of teletherapy and telehealth.

I understand that all telehealth services have potential risks. For example, the technology could possibly fail before or during a therapy session. In that case, I understand that I can telephone Dr. Smithyman and that he will make similar effort to contact me to re-establish our communication.

While security protocols (encryption) are in place to protect the confidentiality of information transmitted via video streaming, I understand that in rare instances, security protocols could possibly fail, causing a breach of privacy.

I am aware that the fees for teletherapy are the same as those for in-person sessions.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client