

Rawn Martin
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Internet Therapy & Communications Consent Form

I am choosing to participate in therapy sessions with Rawn Martin, LCSW-C via the Internet, using a HIPAA compliant video conferencing program. I understand the following limitations and conditions of Internet-based video therapy sessions.

- Any Internet-based communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA compliant. I agree that Rawn Martin will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- During Internet-based conversations, confidentiality should be treated like an in-office session, by using a private room or space where we will not be overheard or interrupted. I agree to inform Rawn Martin immediately if any third party is present, whether in the room or remotely (e.g., over speaker phone, three-way calling, etc.) I am responsible for making sure that I am in a private area where disruptions (e.g., others coming into the room or hearing what I say in another room) are minimized as much as possible. In the event of group/couples/family sessions conducted via video, it is possible that my confidentiality could be breached if others in the group are not in a confidential setting.
- Technical problems can occur using web-based services. If a session or call is disrupted, I will attempt to call you back for at least 10 minutes. If reconnection cannot occur the session will be rescheduled as soon as possible.
- I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of Rawn Martin with such storage and/or sharing.
- Video conference sessions are billed using the same service (CPT) code and fee as in the office with additional modifiers.

I understand the limitations of conducting therapy through video conferencing and choose to participate in this modality of psychotherapy and agree to be responsible for the professional services fee incurred.

Signature of Client

Date

Signature of Parent/Guardian (if under 18)

Date