

**BARBRA ROGOFF, LCSW**  
**Psychotherapist**

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**INFORMED CONSENT AND AGREEMENT FOR TELETHERAPY**

This form is designed to provide you with information to allow you to give informed consent and agreement for the use of secure video technology for teletherapy. Read it thoroughly for understanding and ensure all of your questions are answered. This form is in conjunction with, but does not replace, the Informed Consent and Agreement for Treatment, the Information and Practice Policies, and Notice of Privacy Practices you received and/or signed.

“Teletherapy” (e-therapy, online therapy, or video therapy) involves using electronic, interactive audio, video, or data communications to deliver services to an individual when he/she is located at a different site than the provider.

Teletherapy with Barbra Rogoff, LCSW involves the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive synchronous audio/video communications.

Teletherapy services provided by Barbra Rogoff, LCSW occur in the State of North Carolina (USA) and are governed by the laws of that state.

The state and federal laws that protect the confidentiality of protected health information also apply to teletherapy. The Notice of Privacy Practices provided by Barbra Rogoff, LCSW also apply to teletherapy. Unless explicitly agreed otherwise, the teletherapy exchange is confidential. Neither party will include others in the session, have others in the room, or record a session without informing the other party and only with the agreement of both parties.

**CLIENT UNDERSTANDINGS**

1. I understand I have the right to withhold or withdraw consent to have my sessions through teletherapy at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. I understand that the laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I understand that this includes all information provided to me in the Information and Practice Policies; Informed Consent and Agreement for Treatment; and Notice of Privacy Practices forms.
3. I understand that there will be no recording of any of the teletherapy session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law. I further agree to make no recording of any teletherapy session.

4. I understand that teletherapy DOES NOT PROVIDE EMERGENCY SERVICES. If I am experiencing an emergency situation I can call 911 or proceed to the nearest hospital emergency room for help. I understand the need and therefore agree to provide Barbra Rogoff, LCSW with my true and correct location, the emergency telephone number for the police station nearest to my location, and the name and telephone number for the hospital nearest to my location at the beginning of each teletherapy session. I further understand that if there is one location from which I will regularly access teletherapy I will complete the In Case of Emergency-Teletherapy form with the above information. I understand that if there is intentional misrepresentation (regarding my location or any issue), therapy will be terminated.
5. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not improve. I also understand that the risks set out in the Information and Practice Policies and Consent for Treatment Form apply equally to all forms of therapy – in person and teletherapy.
6. I understand that teletherapy is not appropriate for everyone for a myriad of reasons. Teletherapy is not advised for clients who are suicidal, highly dissociative, or have other severe mental illnesses and agree that if I am experiencing any of these symptoms, I will inform Barbra Rogoff, LCSW immediately.
7. I understand that teletherapy based services and care may not yield the same results nor be as complete as face-to-face service. That teletherapy may limit my therapist's ability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: physical condition, apparent height and weight, body type, appearance, gait and motor coordination, posture, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, any changes in the previously listed issues, sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information which I may not recognize as significant to present verbally to the therapist.
8. I understand that I may benefit from teletherapy, but results cannot be guaranteed or assured. The benefits of teletherapy may include, but are not limited to: all benefits set out in the Information and Practice Policies and Consent for Treatment Form, finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.
9. I also understand that if Barbra Rogoff, LCSW believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be offered the option to switch to that service with Barbra Rogoff, LCSW or referred to a psychotherapist in my area who can provide such service.
10. I understand that I will be responsible for any copayments, coinsurances, or self-pay fees that apply to my teletherapy visit. I understand and agree that I shall provide Barbra Rogoff, LCSW with valid credit card information to maintain on file and to charge any fees which are my responsibility, and that these charges may be made at any time on the date of my scheduled appointment. I understand it is my responsibility, and therefore agree, to ensure that my credit card information on file with Barbra Rogoff, LCSW remains current.
11. I understand these services may not be covered by insurance, that Barbra Rogoff, LCSW will do her best to verify my coverage prior to my first teletherapy appointment and inform me if my insurance

will not cover teletherapy. If I am informed that my insurance has denied coverage for teletherapy or that Barbra Rogoff, LCSW has been unable to verify coverage and I decide to go ahead with teletherapy service, I understand and agree that I shall be solely responsible for the fees unpaid by my insurance for any session I have with Barbra Rogoff, LCSW.

## **TECHNOLOGY**

1. I understand to participate in teletherapy I will need a computer/laptop with a webcam and microphone or a smart phone with camera. I further understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.
2. I understand that Barbra Rogoff, LCSW will provide me with a link to access my teletherapy session and that it is my responsibility to ensure that I understand how to and am able to access my teletherapy session. And, that it is my responsibility to inform Barbra Rogoff, LCSW prior to my session if I have any questions or concerns. I also understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and not allow another person to use my user ID to access the services.
3. I understand that there are technical risks and consequences from teletherapy. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of myself and my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons, and/or I can be overheard dependent upon the location I choose for myself. I understand that these are outside of the control of Barbra Rogoff, LCSW and that she makes no guarantee these events will not occur.
4. I understand that teletherapy is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of Barbra Rogoff, LCSW and she makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to call Barbra Rogoff, LCSW back at: (919) 201-3498 within 5 minutes of any disruption.
5. I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER/LAPTOP/SMART PHONE AND IN MY OWN PHYSICAL LOCATION.

## **CONSENT TO USE THE THERAPLATFORM'S TELEHEALTH SERVICE**

TheraPlatform's Telehealth Service is the primary technology service used by Barbra Rogoff, LCSW to conduct teletherapy appointments. It is simple to use and instructions will be emailed to you prior to your first session. By signing this document, you acknowledge:

- ◆ TheraPlatform's Telehealth Service is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

- ◆ Though my provider and I may be in direct, virtual contact through the TheraPlatform's Telehealth Service, neither TheraPlatform nor its Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
- ◆ The TheraPlatform's Telehealth Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
- ◆ I do not assume that my provider has access to any or all of the technical information in the TheraPlatform's Telehealth Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information about TheraPlatform's Telehealth Service.
- ◆ To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
- ◆ That my provider may substitute an alternate means for teletherapy should TheraPlatform not be available.

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**ACKNOWLEDGEMENT**  
**INFORMED CONSENT AND AGREEMENT FOR TELETHERAPY**  
**(PLEASE COMPLETE & RETURN THIS DOCUMENT TO THE OFFICE)**

By my signature below, I ACKNOWLEDGE, CONSENT AND AGREE:

1. That the information contained in the Consent for Agreement for Teletherapy has been made available to me, explained to me, or read by me and that it was presented in clear non-technical language.
2. That I fully understand its contents including the risks and benefits of the procedure(s).
3. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
4. That I voluntarily agree to receive teletherapy services for an assessment, continued care, treatment, or other services and authorize Barbra Rogoff, LCSW to provide such care, treatment, or services through the use of teletherapy as are considered necessary and advisable.
5. That I may withdraw consent for teletherapy services at any time.
6. That I agree to all terms set out therein.

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

\_\_\_\_\_  
Date

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