**Long Island DBT Group**

**1025 Northern Blvd., Ste. 201**

**Roslyn, NY 11576**

**(516) 627-6201**

**Fax: (516) 627-6943**

**INFORMED CONSENT TO PSYCHOTHERAPY**

**WITH A MINOR CLIENT (UNDER AGE 18)**

**TELEHEALTH AND ELECTRONIC COMMUNICATION ADDENDUM**

It is our understanding that therapy is primarily provided via in person sessions. However, therapy can also be provided via phone and HIPAA compliant videoconferencing programs when appropriate. We are aware that while there may be benefits to engaging in telehealth services, it is not the same as in person therapy. We also understand the potential risks, including but not limited to unauthorized access of my family’s personal information that may interfere with confidentiality and technical difficulties that can effect the quality of therapy. Payment requirements that apply to in person sessions equally apply to therapy sessions conducted via telehealth methods. It is the parent’s responsibility to contact the minor’s insurance company to determine if telehealth services are reimbursable under their policy. Furthermore, the use of text messaging, email and social media communication is not a secure form of communication. If we choose to communicate in these ways, we fully agree to do so at our own risk. Urgent communication should not be done via text, email or social media. Please discuss matters that are sensitive or safety related with your therapist during in person sessions or by phone only. Lastly, each individual therapist maintains their own limits regarding the use of these forms of communication and reserves the right to contract with clients and their guardians individually regarding the use of all telehealth services and electronic communication.

By signing this addendum, we consent to the use of telehealth services and are aware of the benefits and risks to the use of all forms of electronic communication.

Signature: Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (of parent or legal guardian)

Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (of minor client over 12 years of age)

Date: \_\_\_\_\_\_\_\_\_\_\_\_