



Quince Orchard Psychotherapy

Compassionate, Client-Centered Care

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Frederick

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Informed Consent Addendum for On-line/Tele-therapy

This form is designed to allow you to give informed consent for the use of video technology for online therapy. Read it thoroughly for understanding and ensure all of your questions are answered before signing to give consent. This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services.

I understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist 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 my therapist back at: (240) 750-6467.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I 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. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation. I understand that there will be no recording of any of the on-line 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.

Limits to Tele-Therapy

I understand that tele-therapy is not appropriate nor a substitute for in-person therapy during crisis situations (i.e. suicidal ideation). **Quince Orchard Psychotherapy, LLC** requires emergency contact information for all tele-therapy clients and parents to minor patients. **Quince Orchard Psychotherapy, LLC** is only licensed to perform services in the State of Maryland; therefore, tele-therapy is not suitable for long-term treatment with clients outside of Maryland.

Consent to Treatment

I, voluntarily agree to receive on-line therapy services for continued care, treatment, or other services and authorize **Quince Orchard Psychotherapy, LLC** to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may withdraw consent for these services at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything.

Signature of Client

Date

Signature of Client or Parent/Legal Guardian

Date

Signature of Additional Parent/Legal Guardian

Date

Clinician

Date