## Gerald W. Greenfield, Ph.D.

Licensed Psychologist

PO Box 259595 Madison, WI 53725-9595 (608) 271-8799 Individuals, Couples, and Group Psychotherapy

## **Informed Consent for Remote Electronic Sessions**

As a result of and since the pandemic, Dr. Greenfield has stopped in-person sessions and is offering remote electronic (online) sessions only, with voice and video. In order to engage in remote psychotherapy sessions, please read and sign this Informed Consent.

Dr. Greenfield uses HIPAA-compliant websites/formats for remote sessions: doxy.me or sessions.psychologytoday.com. These are simple to use: At the time of the session, you click on a link I will have emailed to you, which will put you in a "virtual waiting room," and I will be with you momentarily.

Despite HIPAA-compliant encryption and best efforts, there are risks of privacy breach with virtually any electronic communication, which you must accept to participate in online sessions.

If for whatever reason you prefer to have an audio-only session by phone: Standard communication via cellphone is not encrypted, and entails risk of interception such that an unknown third party could listen in on or record the conversation. If you choose to talk by phone, by signing this consent, you agree to accept the risk of it being intercepted.

a. Because voice-only sessions do not have a visual component, information from facial expressions and body language is not available during a telephone session. As a result, Dr. Greenfield may need to ask you more detailed questions at times in sessions.

## With Remote sessions:

- 1. As with in-person sessions, no information will be shared with others without your written permission, with the exceptions provided by legal statute (e.g., imminent risk of harm to self or other).
- 2. For your remote session, please situate yourself in a place that is as private as possible, to minimize the possibility of anyone overhearing it. Someone overhearing your session is another risk of remote sessions that you must accept, by signing below.

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- 3. My clinical record-keeping for remote sessions is the same as for in-person sessions, with notes recorded in your chart by date and time. As was the case with in-person sessions, I make no audio or video recording of the session.
- 4. Billing for electronic sessions is comparable to that for in-person sessions, except that:
  - a. For out of pocket payments for those paying altogether out of pocket, <u>and</u> for payment of deductibles and copays for those using insurance please send a check to my billing address: Gerald Greenfield, Ph.D., PO Box 259595, Madison, WI, 53725-9595 ideally before or on the day of the session (thank you!).
  - b. Throughout the course of the pandemic and up to the present, insurance companies have paid for remote sessions, in my experience at the same rates as in-person sessions. However, this could change. As always, you are ultimately responsible for charges for sessions. For those wanting additional assurance regarding insurance reimbursement, I suggest calling your insurance company's 800 number. If possible, document the time and date of your call, and the name and phone number of the person you talk to.
- 5. Dr. Greenfield will request your location for each electronic session. In cases where there is active suicidal ideation or indications that you are experiencing delusions or hallucinations, Dr. Greenfield will need to make a full assessment to ensure your safety. If the result of that assessment is that it is uncertain that you will be safe, Dr. Greenfield may need to request a wellness check from the local police department.

6.	Remote sessions a	re only available	to residents of	f and peo	ple in	Wisconsin

(Patient Name)	(Date of Birth)
(Patient Signature)	(Today's Date)
(If two patients:)	
(Additional Patient Name)	(Date of Birth)
(Additional Patient Signature)	(Today's Date)

Document: Electronic sessions consent form, 221219