



## **INFORMED CONSENT FOR ONLINE MEETINGS**

This form allows you to give informed consent for the use of video technology for online meetings. Please read it thoroughly for understanding and ensure all of your questions are answered before signing.

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 services.

I understand that services conducted online are technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3<sup>rd</sup> party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of Dr. Jeffrey A. Fishbein & Associates and that we make 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 provider at Dr. Jeffrey A. Fishbein & Associates.

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 online meeting and that all information disclosed within meetings 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.

### **Consent to Treatment**

I voluntarily agree to receive online services for an assessment, continued care, treatment, and/or other services and authorize Dr. Jeffrey A. Fishbein & Associates to provide such care, treatment, or services 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 such care, treatment, or services that I receive at any time. By signing this Informed Consent, I, \_\_\_\_\_, acknowledge that I have both read and understood all the terms and information contained herein.

**Client Signature (18 and older):** \_\_\_\_\_

**Client Signature (12-17 years old):** \_\_\_\_\_

**Parent Signature (if client is under 18):** \_\_\_\_\_

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