



FIGURE&GROUND
COUNSELING
LLC

Teleconferencing Consent Form

Client Name: _____

Client Date of Birth: _____

___ I give consent to use HIPPA compliant Jituzu and My Clients Plus for provider provisions such as records, insurance info, bill payments, progress notes, appointment reminders & scheduling and paying my balances.

___ I am being informed by Jessie Moncrief, LISW-S that I have a choice as to whether or not I want to videoconference on the day of my schedule appt.

___ I am aware that video conferencing is more convenient, as it can be done remote. Video Conferencing can also be challenging due to use of technology working, lag time between appointments, not being able to see all of my psychotherapist, Jessie Moncrief, LISW-S.

___ I am aware that Jessie Moncrief, LISW-S prefers to use video conferencing during emergency or long distance situations only.

___ I am aware that if video conferencing and technology does not work, I will be offered FaceTime on telephone or phone session.

___ I am aware that Jessie Moncrief, LISW-S is advised to take my mental status and capacity into consideration when considering video conferencing.

___ I am aware that Jessie Moncrief, LISW-S must assess whether teleconferencing is meeting the goals of therapy.

___ I am aware that I have opportunity to ask questions about the use of technology at any time.

___ I am aware that sessions with Jessie Moncrief, LISW-S are still PRIVATE and CONFIDENTIAL. She will not have anyone in her office while in session and asks that I am not accompanied in my space to assure privacy and confidentiality. I am aware that Jessie Moncrief-LISW-S can only assure privacy in her office and video conferencing space.

___ I am aware that there is a risk of entering private information when using a public access computer, shared computer. I am aware that I should use caution when using auto-fill user names and passwords. I am aware that I should consider employer policies before using a work computer for personal reasons.

___ I DO NOT give consent to use HIPPA compliant Jituzu, My Clients Plus and Instamed for provider provisions such as records, insurance info, bill payments, credit card processing, progress notes, appointments reminders, scheduling appointment and paying my balances due. Rather, I will submit my own billing, come in for my session and ask that ethically compliant progress notes be handwritten.

In case of an emergency, while video conferencing, please reach me at this address:

Phone _____

Guardian Sign _____

Client Sign _____

Date _____

Review Date _____ (one year)