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Consent for Telepractice

Name _____ DOB ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Telephone (1) _____ (2) _____ (email) _____

User ID (1) _____ (2) _____

Emergency contact information: Name _____ Telephone _____

For each telepractice session, whether by video or audio only, the client is expected to initiate the call. This helps ensure that the necessary privacy is achieved and that the therapist is speaking with the correct person.

Telepractice sessions are conducted only on services that have the technological capacity to ensure privacy. Even though a secured internet connection will always be used by the therapist, there are inherent confidentiality risks resulting from the use of technology.

Any client using this service should be aware that this is an evolving technology and that there are certain limitations, such as the inability to convey compassion through physical touch and more limited input for visual processing.

With the use of this technology, there is the risk of a lost connection during session. If this should occur, the therapist will seek to reestablish communication immediately, either by means of internet, or by phone, if necessary. They client may also attempt to reestablish contact by call the therapist at 480-329-5359, or by sending a text to the same number.

Routine electronic communications do not need to be scheduled. If you have sent an email, left a voice mail, or sent a text message, the therapist will endeavor to respond within 24 hours. For calls that are under 10 minutes, the office does not charge a fee.

All professional communications within the office are handled by the client's therapist. No other person is authorized to access health records or electronic communication. Routine communication, such as email and text messages, will be deleted shortly after a reply is made. Clinically significant communications will be moved to the client's confidential record, which are both encrypted and password protected.

When needed, face-to-face emergency services can be obtained in your geographical area by calling _____. This type of face-to-face help is most appropriate for anyone experiencing a suicidal or homicidal crisis or other emergency.

Client or legally authorized signature

Date