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### **Telehealth Informed Consent**

By signing this, you consent to engage in telementalhealth therapy with Renee Hoekstra, Psy.D. You understand that telehealth includes the practice of health care including mental health delivery, diagnosis, consultation, treatment and education using interactive audio and video.

The laws that protect the confidentiality of your medical information also apply to telehealth and that the information disclosed by me in therapy is confidential with exception of the mandatory reporting laws (see informed consent to review these). You understand that TMH sessions are not being recorded, and separate written approval and consent is needed in order to videotape a session. The platform being use is encrypted. If you join us on zoom, this is taken as consent for your security.

To increase confidentiality for group services, please consider using only your first name on the Zoom platform. You can select the option in the upper right hand of your Zoom screen to “rename” and this should allow you to type in your first name.

To maximize services, please log on on time, keep your laptop or desktop close to your router, try not to use a phone if possible, find a quiet place where there is light on your face, and ensure that you are alone in the room (for confidentiality, especially of other group members if you are in a group). If you have trouble with your picture or voice freezing, be aware that you can also log off and log in again and may want to consider restarting your computer when you do so. In the event of technical failure, you may provide a phone number for follow up contact. Phone sessions may also be provided in lieu of technical failure.

By signing this consent you agree not to disseminate any personally identifying information or images from our telehealth interactions. You understand that there are risks involved with interacting with others online that could potentially compromise confidentiality. You are willing to minimize risk by ensuring privacy while online.

You understand that there are risks from TMH that may include but are not limited to: the possibility despite all reasonable efforts by my provider, the transmission of medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons; and/or misunderstandings may occur more easily, particularly when care is delivered in an asynchronous manner.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

