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CONTRACT FOR TELEHEALTH SESSIONS

Date:

This contract indicates my consent for distance-oriented behavioral health sessions, otherwise known as telehealth, which take place over a HIPPA compliant telehealth platform known as Doxy.me.

By signing this contract, I agree to the following:

- To find a quiet and protected space for our virtual sessions.
- That during our session time, no one else will be present in the room (unless indicated to the therapist and discussed prior to session).
- That no phone calls, texts, emails or web surfing will occur.
- That if there is a loss of connection, the therapist will initiate the call back.
- The session and the chat will not be recorded nor will screen shots be taken unless expressly discussed prior to session and with clinical goals in mind.
- All rules regarding mandated reporting and reporting harm to self or others remain the same as residential sessions as per NASW ethical standards and legal protocol.

By signing this contract, I indicate my compliance with the above stated expectations. I reserve the right to revoke my consent, in writing, at any time. This consent will be valid for 1 year following the date of signature OR at termination of treatment.

Client Name (Printed):

Client Signature: