

## Teleconferencing Policy Agreement

**By signing this agreement form, you accept the risks and agree to the conditions of participation in videoconferencing with Virtue Medicine Providers.**

Our providers use *Zoom* services for video conferencing with clients. [www.zoom.us](http://www.zoom.us) Zoom is a proprietary system, and its practices for privacy cannot be assured, although the platform is self-described as using end-to-end encryption that is HIPAA compliant, with password protection for our providers' user connection. **While video-conferencing can be a valuable communications tool, it is not perfectly secure in the same manner as a private in-office visit. Invitations to the scheduled teleconferences are sent to the participant's designated email account.**

**Our Providers' teleconferencing sessions are considered a coaching/consulting encounter.**

**For Telehealth Clients:** Teleconferencing use in this office is synonymous with telehealth. Health care providers offer telehealth to clients who require care but cannot be encountered in-person. Medical and health care laws and regulations in the states in which the provider is practicing will be followed in telehealth, including the privileged confidentiality of telehealth work and medical record-keeping. Our providers do not use commercial software for electronic medical records. Providers reserve the right to discontinue telehealth during treatment if they believe there are therapeutic reasons to do so. In such cases, changes will always be discussed with the patient.

**For Coaching Clients:** Teleconferencing is offered as an alternative or addition to in-person appointments, and documentation depends on the nature of the conference. If notes are generated, they are managed under ethical standards of the kind of professional relationship and as per the agreements with the clients. Our providers reserve the right to discontinue tele-consultation or tele-coaching during treatment if we believe there are sound reasons to do so. In such cases, changes will always be discussed with the client.

Our providers and clients will not record or keep any photographic information from teleconferencing sessions, except by mutual consent. Our providers will not initiate a Zoom session unless it has been scheduled on clinic calendars and will always conduct sessions from secure and private spaces.



Participants agree that under no condition will they ever record or produce photographic or written record of a videoconference, either for personal use or distribution, without the explicit consent of the provider. Failure to comply with this restriction may result in legal action by Virtue Medicine P.C.

Participants in videoconferencing agree to keep sessions physically secure from use or viewing by third parties such as family, friends or colleagues. All videoconferencing sessions must be conducted in a physically secure and private location—never in public spaces or with third-parties present, unless pre-arranged with the providers and for specific professional or therapeutic purposes.

Participants may notice differences in the experience of teleconferencing compared to an in-person evaluation process. Some of these may be beneficial to the work together, and some detrimental. Participants are strongly encouraged to observe and report the benefits and limitations of their teleconferencing experience, towards the shared goal of optimizing communication effectiveness and outcomes.

Fees for teleconferencing are time-based at the same rate as in-office appointments, as posted on our website. Payment options include either pre-payment for the appointment when scheduling or that a credit card is kept on file to be charged on the date of service.

### ***CONSENT for use of Teleconferencing Service***

By signing this teleconferencing consent form, I am agreeing not to hold the providers of Virtue Medicine or Virtue Medicine P.C. liable for network or Zoom platform infractions beyond the control or reasonable due diligence of Virtue Medicine P.C.

I acknowledge that I have reviewed the policies on teleconferencing as noted above and I agree to comply with them. If I not understand, or do not agree to comply with the policies and procedures, I will not use teleconferencing for communication.

I understand that I have the right to discontinue consent at any time and for any reason.

My signature below demonstrates that I have read, discussed, understand and agree to abide by the policies as presented above, for any and all teleconferencing care.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

