



PSYCHOLOGICAL HEALTH AFFILIATES

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Virtual Behavioral Health Consent and Statement of Understanding

1. I understand that Virtual Behavioral Health Services (VBH) are offered by *PHA* as a convenience to me. I understand that I am not obligated to receive services by VBH if I am not comfortable with it.
2. I also understand that my therapist also has the right, at any time, to determine if VBH sessions are not appropriate for their work with me.
3. I understand that all laws and professional standards that apply to regular psychological services apply to VBH services.
4. I understand and accept that despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission be breached and accessed by unauthorized persons.
5. I understand that there is a risk that services could be disrupted or distorted by unforeseen technical problems.
6. I understand that there is a risk of being overheard by anyone near me if I do not place myself in a private room. I accept full responsibility for creating a comfortable safe environment on my end of the transmission.
7. I assume responsibility for maintaining a secure internet connection rather than public/free Wi-Fi (cellular towers are fine)
8. In case of emergency (required by insurance):
 - a. Emergency contact name: _____ phone: _____
 - b. Closest ER _____
9. I understand that if my insurance company does not cover video sessions, I am responsible for the cost of sessions
10. I have read, understand, and agree to the information on *PHA's* website about VBH services (including the importance of clarifying my insurance benefits coverage for VBH services).

Signature

Date

Name (please print)