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TELEHEALTH SERVICES AGREEMENT

NewVu Therapy offers many clients the option of receiving psychotherapy services using technology (i.e. phone and/or video calls). Please note that while you choose this option, there may be times I request you to attend a session in person. I will make this request when I feel it is necessary to maintain a high quality of care and address your therapeutic goals in the most appropriate, effective manner.

While many clients enjoy and benefit from receiving psychotherapy services from a distance, you should be aware of possible limitations. Technology may make it difficult to catch all the nuances of body language that are often a part of an in-person session. In addition, our connection in the therapeutic relationship may be impacted because of virtual communication. Please also note that there may not be compensation for any session time lost due to technological difficulties that may arise. Should issues arise during a video call, we will complete our session by phone.

Ultimately, you will determine your level of comfort with telehealth services. If at any time you are dissatisfied with the use of technology in your therapy, please notify me as soon as possible so we can determine how to best resolve your concerns.

Getting Started

- For video sessions, download the free VSee application on your computer, tablet, or phone from the website (<https://my.vsee.com/download>) or application store.
- Practice logging in and become familiar with the features prior to our first session.

Here are some basic guidelines to help us have successful video sessions.

- Please arrive at least 10 minutes early to the virtual waiting room in order to account for any technical difficulties.
- Set aside a space that is private and free from distractions.
- If appropriate, let others know you do not want to be disturbed.
- You may wish to use headphones to hear clearly and reduce background noise.
- Place the camera on a level surface three to five feet from your body.

By signing this agreement, I acknowledge that I have read and understand the above information and know that extant policies and procedures apply to all telehealth psychotherapy services.

Client Signature

Date

Printed Name