

Marni L. Jacob, Ph.D., LLC  
Licensed Psychologist  
1200 N. Federal Highway, Suite 200  
Boca Raton, FL 33432  
(561) 325-5115

### **Consent for Videoconferencing via Skype**

Marni L. Jacob, Ph.D., LLC offers patients in the state of Florida the ability to communicate via the videoconferencing platform, Skype, if, the arrangement is agreed to by both parties.

Marni L. Jacob, Ph.D., LLC cannot and does not guarantee the privacy or security of any session content being sent over the internet. There is potential that videoconferencing sessions via Skype can be intercepted and reviewed by others, and it is possible that there could be disruptions to therapy due to technological difficulties. I understand that communicating via the internet is not 100% secure.

Public parts of your Skype profile can be seen by everyone else on Skype. Do not put details in your profile that you do not want to be publicly available. Skype may disclose personal information to respond to legal requirements, to protect Skype's interests, to enforce their policies or to protect anyone's rights, property or safety.

For more information about Skype security and privacy, please see: <http://www.skype.com/en/security/>

Insurance companies typically do not provide reimbursement for Skype therapy sessions. Dr. Jacob will not provide you with documentation or a procedure code to seek reimbursement from insurance companies for Skype sessions. You will be responsible for the cost of Skype sessions.

#### Agreement

Patients who are experiencing suicidal ideation may not be ideal candidates for Skype sessions. I understand that if Dr. Jacob thinks I would be better served by another form of psychotherapy services (e.g., face-to-face, in person sessions), even if Skype therapy has already begun, she will either refer me to participate in face-to-face sessions with her, or another therapist who can provide such services in my area. If I am in a crisis, emergency, or I am considering seriously harming myself or others, I agree that I will dial 911 or go to the hospital.

I have been informed of and understand the risks and procedures involved with using the videoconferencing technology, Skype. I agree to the terms listed above and I hereby voluntarily consent to the use of Skype for therapy sessions with my provider. I agree that Marni L. Jacob, Ph.D., LLC should not be held liable in the event that any outside party passes Skype's security and discovers personal or confidential information.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Skype Name: \_\_\_\_\_

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_