

**ADDENDUM TO GENERAL INFORMED CONSENT:
INFORMED CONSENT FOR TELEHEALTH-THERAPY**



The State of Texas requires that psychologists offering therapy through video-conference or the internet inform their clients of limitations to confidentiality presented by these electronic communication methods. Telehealth is a broad term that refers to the delivery of psychological services by telephone, teleconferencing, and the internet.

I/ We have elected to receive telehealth sessions from Dr. Rune Moelbak via a HIPAA compliant videoconference platform that can be accessed from a computer or smart phone. Dr. Moelbak will send a link to access his online waiting room before the first appointment. The link will be sent to the email address used when I/We signed up for services on-line.

I/We understand that there are certain risks and limitations of receiving services through telehealth compared to in-person sessions. These include but are not limited to: The possibility, despite reasonable efforts on the part of my clinician, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.

I/We understand that the laws and rules that protect and limit client confidentiality as stated in "Informed Consent to Individual Therapy" and "Informed Consent to Couples Therapy" also apply to telehealth sessions.

I/We understand that telehealth sessions can only take place within the state of Texas and agree to be present at a Texas location during all scheduled appointments.

RUNE MOELBAK, PH.D.
PSYCHOLOGIST, TX #36117
3400 BISSONNET ST #270
HOUSTON TX 77005

PHONE: 832-542-6244

I/We understand that telehealth sessions are not appropriate for mental health emergencies that necessitate a higher level of intervention than can be facilitated remotely. Such emergencies could include but are not limited to psychotic disturbances, active or intense levels of suicidality, engaging in high risk behaviors, or posing safety risks to oneself or others. In such emergencies, I/We agree to seek help in our immediate local area, which could include going to the nearest emergency room or calling local law enforcement who can intervene on-site. I/We consent to having Dr. Moelbak alert local authorities to conduct a welfare check if he deems it necessary due to concerns about my/our welfare or safety.

I/We agree to ensure that our privacy is protected when communicating with Dr. Moelbak by making sure telehealth sessions happen in a private space free from interruptions.

I/ We wish to commence telehealth sessions with Rune Moelbak, Ph.D. (TX #36117). I/We understand the added risks to confidentiality and privacy posed by internet transmission of protected health information, and agree to the terms listed in this consent form.

Name of Client 1 + D.O.B.

Signature of Client 1 + Today's Date

If applicable:

Name of Client 2 + D.O.B.

Signature of Client 2 + Today's Date