

480-917-7792

Teri V. Krull, LCSW, LLC
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www.playtherapy.tv

Re: _____ DOB: _____

Telepractice/Internet Conditions/Policies

Email/Fax/Text/Smart Phone/all internet VIDEO exchanges - Release Form

Limits and Risks Associated with Telepractice/Email Use in Therapy and Professional Consultation

Although I use firewall and my computer is password protected, my telepractice/email/text messages/smart phone and video use are not encrypted forms of professional exchange. I cannot guarantee confidentiality of telepractice/email/text messaging/fax, smartphone or video communication. If you choose to communicate information, confidential or otherwise, with me via smartphone, text messaging/email/fax/ Face Time, Zoom/ Sessions or via technology in any way, I will assume that you have made an informed decision and I will view it as your agreement to take the risk that the exchange may be intercepted or interrupted.

Specific to telepractice exchange:

- The consultee/client will identify him or herself by stating his or her name, birthdate, residence zip code, current location - address and phone number.
- The consultee/client will verify they are alone and in a confidential location.
- If they are not alone, they will need to complete the necessary forms for additional people to be present.
- An emergency contact and phone number will be provided in the unlikely event of an emergency during our telepractice exchange. It is understood that the Ms. Krull has permission to contact that person if an emergency occurs.
- There is an agreement that the therapist or the client/consultee will NOT record the session.
- It is possible that during our telepractice exchange the Internet or phone connection may be disconnected or paused due to circumstances beyond either of our control. If this happens, we will wait 2 minutes and try to connect again. If we are unable to reconnect at or near our scheduled time, we will call or email with alternative times to resume or reschedule our exchange.

If I am unavailable and you have a clinical emergency, please call 911.

Please use the following number/s for the telepractice exchange: (listed in order of priority)

1. _____ home/cell/work/other

2. _____ home/cell/work/other

If there is no answer, you may leave a message identifying who you are and a call back number. (initial) _____

If you are not available, I am authorized to leave a message with my name and phone # with :

relationship: _____ phone #: _____

Please check your requested preference and Initial: (HIPAA Compliant) Sessions: _____ (preferred)

Formats which may not be HIPAA compliant: Zoom PRO _____ Face Time _____

I understand that telepractice may be used in my treatment or professional exchange with Ms. Krull. I agree with this form of contact which may not be HIPAA compliant, and my signature indicates my understanding of the limitations of telepractice confirming my agreement to include this method of communication in my contact with Teri V. Krull, LCSW. My signature also reflects that I have had an opportunity to ask questions regarding Ms. Krull's use of telepractice and my questions have been answered.

Client/Consultee Signature: _____ Date: _____
(OR PARENT/CAREGIVER)

Witness Signature: _____ Date: _____