

Acknowledgement of Addendum to Policies and Client Consent

I understand that Lindsey Knott, Ph.D., will provide psychotherapy sessions via Zoom videoconferencing for the foreseeable future. The use of videoconferencing modalities has the following risks and benefits:

Risks:

- Potential technological difficulties, including visual and audio delays in session, sessions abruptly cutting out, and reconnection issues.
- Although the highest measures of security will be taken (e.g, use of the business version of Zoom, password protected sessions, etc.), the use of any third-party technology prohibits guarantee that confidentiality will not be compromised.
- Inability to guarantee limited environmental disruptions of the session, including the possibility for disruption by those who live with the client or who are in the same proximity or disruption by sounds of pets, construction, or other environmental stimuli.

Benefits:

- Limits physical contact and potential spread of COVID-19.
- Allows continuation of care and prevents disruption of services.
- Supports flexible session availability.
- Is supported by the research literature to be an adequate modality for psychotherapy and the implementation of a variety of treatments.

In consideration of the potential for technological difficulties, I acknowledge that Dr. Knott will make every effort to be flexible and use various modalities as necessary (e.g., phone session, FaceTime, google call).

I acknowledge the receipt of this notice and understand the risks and benefits of using video therapy modality. By signing this form, I acknowledge the possible risks and agree to proceed with psychotherapy via video/audio technologies until both parties (i.e., both the client named below and Dr. Knott) agree to return to in-person psychotherapy.

I understand that I may always request a hard copy of this form if I am unable to access it.

Client's Printed Name

Client's Signature

Date