

**Eric S. Strauss, Ph.D.**

## **Information and Consent for Treatment**

**Confidentiality:** Your treatment is covered under the provisions of state laws regarding confidentiality. What you say and the records I keep will be private between you and I, and can only be released with your written permission unless there is a court order for the release of your records.

There are some special circumstances when disclosure of personal information is required by law:

- If there is a reasonable suspicion of the abuse or neglect of a child, dependent, or vulnerable adult, a report will be made to appropriate protective agencies.
- If you present/threaten grave bodily harm to others or to property, I have a legal duty to warn those threatened and to contact law enforcement.
- If you are actively suicidal or threaten significant bodily harm to yourself, I have a duty to obtain help from others to do what is necessary to keep you safe.
- Disclosure may be required pursuant to legal proceedings. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your therapy records.

Also, what is said in individual sessions conducted as part of couples therapy can be discussed in the couples sessions. Records of couples therapy may not be released without the written authorization of both partners.

**Emergencies:** In the event of an emergency you may call Dr. Strauss and leave a message, and he will return your call as soon as possible. If your call is after business hours Monday-Friday or on the weekend, or you cannot safely wait for a return call, you should contact the 24-hour Psychiatric Emergency Room at 704-358-2800 or call 911.

**Cancellations and Missed Appointments:** 24 hours notice is required for cancellations. If you fail to give 24 hours notice you will be charged in full for your appointment. Exceptions will certainly be made for illness or emergencies that may arise. Insurance does not cover missed appointments.

**Fees:** Fees are to be paid when services are rendered and Dr. Strauss will provide you with information regarding your insurance coverage and filing.

**Telehealth:** When we cannot meet in person due to health or other concerns, videoconferencing is an option available to us. I am using the HIPAA-compliant platform doxy.me for my video sessions. You do not need your own doxy.me account to join me online. Simply go to [doxy.me/dreicstrauss](https://doxy.me/dreicstrauss) and you will appear in my “virtual” waiting room. I will click you in at the time of our appointment.

A variety of technological problems can cause delays in starting meetings or can interrupt a meeting. If we lose our connection, you can call me at 704-234-7472. Also, make sure I have your cell phone number so I can contact you as well. The audibility of videoconferencing is usually not as good as in face-to-face meetings. My experience is that participants often need to ask each other to repeat what we each said. If you sense that I have missed your meaning, please tell me as soon as possible so that we can work to repair any miscommunication.

Communication via the internet cannot be guaranteed to be 100% secure. The following are steps we can take to increase security and confidentiality.

- 1) Doxy.me is HIPAA-compliant. Our meetings are encrypted and secure.
- 2) We both agree not to record our videoconference meetings.
- 3) We both agree not to have any other people in the rooms where we hold our sessions.
- 4) In my experience, interruptions at home tend to occur during videoconferencing sessions and we should anticipate these. We can limit interruptions by telling people in our homes we are having a confidential meeting, closing the doors to our rooms, and by placing a “Do Not Disturb” sign on our doors. Nonetheless, people may forget and walk in, phones and doorbells may ring, and pets may make their presence known.

**Questions and Concerns:** At any point during therapy please mention to Dr. Strauss any questions and concerns you may have so he will know how best to assist you and most fully respond to your needs.

By signing this consent, I acknowledge that I have had the opportunity to discuss my treatment with Dr. Strauss, have read and accept the above policies, and agree to and contract for treatment with him.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_