



Be the author of your story...

Emergent Pathways Psychotherapy

www.emergepsych.com | 346.232.5060

Limits of Skype and Consent for Use

At **Emergent Pathways Psychotherapy**, Dr. Stanley uses a HIPPA-compliant video conferencing application called VSee to hold sessions with patients who cannot come in to the office. VSee is a commonly used application among health practitioners because it better ensures patient confidentiality compared to popular applications, such as Skype. In some rare cases, however, a patient may elect to use Skype instead of VSee. It is important that you understand the following limitations of Skype, as well as expectations in using it for your consultations:

1. Any internet-based communication is not guaranteed to be secure/confidential. I agree that Dr. Stanley should not be held responsible in the event that any outside party passes Skype's security and discovers personal or confidential information.
2. There are precautions that you can take to increase security including: a. Ensuring that you are online in a private area. b. If possible, connect to the internet directly (as opposed to using Wi-Fi). c. Make sure to turn Skype off, not just disconnect from the call when the session is over.
3. Limit distractions – make sure that you are in a private area, turn off cell phone, explain to others that you are unavailable for the next hour. Check the audio/visual in the 'preferences' each time before a session so that you make sure your volume and audio is good to go.
4. For Skype consultations, send a friend request to kstanleypsych@outlook.com so Dr. Stanley can accept and be prepared to make the Skype call as scheduled at least five minutes beforehand.
5. A Skype or phone session is subject to a 24-hour cancellation policy. You will be billed at full rate if you miss an appointment or you cancel without providing at least 24- hour notice.
6. Payment for each session is to be made prior to the scheduled session via the CashApp, Paypal, or Venmo.

My signature below indicates that I understand the limits of Skype in lieu of VSee, and that I consent for Dr. Stanley to conduct my therapy sessions via this form of media. I understand and agree to comply with the policies as they are described and acknowledge receipt of this agreement.

Patient Signature: _____

Patient Name: _____

Skype Name or Phone #: _____

Date: _____