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LICENSED PSYCHOLOGIST

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## ADDENDUM: VIDEOCONFERENCING AND TELEPSYCHOLOGY

The Examining Board of Psychology in Washington State defines “telepsychology” as “the delivery of psychological services using telecommunications technologies.” Services delivered via telepsychology rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“mHealth”) apps, and others.

The use of videoconferencing and telepsychology for psychotherapy is shown to be effective, but they also involve the following special considerations:

1. Suitability: Prior to offering such services, I may require a minimum number of face-to-face sessions to assess your suitability for this service. If at any point I decide that telepsychology services are not appropriate for your treatment, I will tell you so that we can make other arrangements.
2. Residency: If you relocate or change your legal residence to a location outside of Washington State, the District of Columbia, or Virginia we will no longer be able to continue our work and must determine an appropriate continuity of care plan. You **must** be physically in one of these jurisdictions for videoconferencing or other telepsychology to be utilized as an aspect of treatment.
3. Access to Internet: You will need access to Internet service and technological tools needed to use the videoconferencing and chat tools I use in telepsychology.
4. Emergency: If you require crisis assistance, you will need to utilize the crisis plan created and/or access care in your area. Do not attempt to contact me via videoconference. If you believe that you cannot keep yourself safe, then call 911 or go to the nearest emergency room.
5. Location: Please consider your location during any videoconferencing meetings to reduce distraction and protect your privacy. You should be in your home or other private location for our telepsychology sessions. I will be in my office for all sessions.
6. Efficacy: If the use of technology is not working well for you, please let me know. There will be times when technology fails, and we need to reschedule or resort to another means of connecting. We will need to include time to assess the use of technology during our meetings. If we are unable resolve our issues with the technology, we will need to transition your therapy to another provider or plan.
7. Risks: As with any health care service, there are risks associated with the use of telepsychology, including, but not limited to, the possibility, despite reasonable efforts on my part, that: the transmission of personal information could be disrupted or distorted by technical failures, the transmission of personal information could be interrupted by unauthorized persons, and/or the electronic storage of personal

information could be unintentionally lost or accessed by unauthorized persons. You should be aware of potential security issues with your computer. I will be using a HIPAA compliant platform, such as doxy.me or other similar service (unless we have technical issues with the site). I will only use a HIPAA compliant platform for this service. Using a HIPAA compliant platform will allow us to protect your confidentiality and privacy, providing security measures to protect and to maintain the confidentiality of data and information related to your treatment. However, you should know that no technology can guarantee complete protection of confidentiality and privacy.

8. Technology failures: Telepsychology can be impacted by technical failures, such as slow or failed Internet connections and cloud services, computer or smartphone hardware failures, or loss of power. Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools. I may also be unable to help you in-person. At our first session, we will develop a plan for backup communications in case of technology failures.
9. Rights: You have the right to withhold or withdraw consent to the use of telepsychology in the course of treatment at any time without affecting your rights to future care or treatment.
10. Training: This is a new method of service delivery for me. If I deem that this is not beneficial or effective, I will let you know that I recommend switching to in-person treatment. In that event, we will discuss how best to meet your needs with referral to another, local provider.
11. Records: I will continue to document and retain records of our meetings. Sessions offered via videoconference will be noted as such.
12. Reporting Requirements: The laws that protect the confidentiality of your personal information also apply to telehealth. However, limitations to confidentiality as outlined in the psychotherapy consent form apply as well. All mandated reporting requirements regarding Child, Elder, and Dependent Abuse, as well as and Suicidal and Homicidal Risk are still in effect.
13. Fees: Phone and video sessions are sometimes not covered by insurance. If I am a preferred provider on your insurance plan, I will submit claims indicating the date of service, specific procedural code, diagnosis, and that the session was provided via telehealth. You will be responsible for any portion of the fee that is not covered by your insurance, such as deductibles and co-pays. Billing and cancellation policies outlined in the psychotherapy consent form apply to telepsychology services.

I have reviewed and discussed all items on the videoconferencing and telepsychology addendum. I understand the risks and benefits of telemedicine as they were explained. My questions regarding videoconferencing and telepsychology were answered. I understand that videoconferencing and telepsychology services may not be reimbursed by my insurance. I consent to using videoconferencing and teletherapy as a part of treatment.

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Signature of client(s)

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Date