

Teleconference and Video Therapy Authorization

American n Global Therapy offers secondary treatment: teleconference / video therapy to existing client's for continuity of care. If a client chooses either secondary treatment he / she must agree to the following requirements:

1. I (We) understand Secondary treatment does not replace direct face to face therapy.
2. I (We) understand American n Global Therapy protects client confidentiality by utilizing a secure system throughout secondary treatment.
3. I (We) understand American n Global Therapy cannot utilize secondary treatment for Suicide Intervention.
4. I (We) understand I am solely responsible for seeking medical, professional or family assistance if I'm feeling Suicidal. (Helpline: 800 738 9595)
5. I (We) understand American n Global Therapy can utilize secondary treatments to provide immediate response and referrals for Suicide Intervention.
6. I (We) understand American n Global Therapy prohibit voice or video recording throughout secondary treatment.
7. I (We) understand American n Global Therapy will seek clients written authorization for teleconference or video recording (only to be used for clinical training).
8. I (We) understand American n Global Therapy provides secondary treatment when psychotherapist and client's are stationed outside Singapore.
9. I (We) understand American n Global Therapy provides short-term secondary treatment to clients who are medically / physically incapable of leaving his / her home.
10. I (We) understand the fee's for secondary treatment is the same cost as a follow-up session \$130SGD.
11. I (We) understand American n Global Therapy's process of invoicing for each session to obtain client's signature and payment.
12. I (We) understand my (our) responsibility for payment if my insurance company does not recognize secondary treatment: teleconference / video therapy.
13. I (We) can end the use of secondary treatment if / when deemed unnecessary.

Signing below means I (We) understand this information. I (We) understand my (our) rights. I (We) will be provided a copy of this information.



Psychotherapist Signature / Date

Client Signature / Date