

Informed Consent for Telepsychology

Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

❖ Benefits and Risks of Telepsychology

Telepsychology refers to providing psychology services remotely using telecommunications technologies, such as video conferencing. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. Due to licensing restrictions, you will need to be in the State of Ohio at the time of our meeting. Telepsychology also requires technical competence on both of our parts to be helpful. I will perform an assessment to determine if telepsychology is appropriate for use with you. You will always have the option, and I may require, however, that we go to in person therapy if I determine that is more appropriate.

❖ Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and backup systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions of confidentiality that I outlined in my Informed Consent still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

❖ Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in-person meetings. If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911 or 211 or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two minutes, then call me on my work number. If there is a technological failure and we are unable to resume the connection, you will only

be charged the prorated amount of actual session time. If you contact me via email for other issues, I will attempt to get back to you within a business day if I am working.

❖ Fees

The same fee rates will apply for telepsychology as apply for in-person appointments. However, third-party payors may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

❖ Records

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

❖ Important requirements

You agree to attend session in a place that is quiet and confidential. You will arrange for childcare for any children in the home. You will not attend session while driving. If this meeting requires the involvement of more than one person, all people will need to be visible on the computer screen throughout our appointment and I will have to establish them as clients, in which case they must all sign in as clients, or they may appear as non-clients, in which I will explain to them that they have no rights to confidentiality, only you, the client, do and they will not be able to access any of the records of the session. Please make sure your internet and computer is set up with a camera and adequate bandwidth. I must have an accurate email and phone number on file for you because this is how you will receive a link to our session.

❖ Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with terms and conditions.

Client

Name _____

Signature _____ Date _____

Parent/Guardian (if client is a minor) or Partner (if Couples therapy)

Name _____

Signature _____ Date _____