

INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES

By returning or by signing this, I confirm that I have been informed about the following risks, benefits, and issues associated with services through video conferencing:

- Confidentiality applies to telepsychology services just as it does in in-person situations. This means no sessions will be recorded unless agreed by both parties. All information will be held in confidence in the same manner (**within limits imposed by safety considerations**) they are in sessions conducted in person.
- The sessions will be held as scheduled with a set time to start and to end. Other contacts are limited to emergencies or situations that have been discussed. Both parties agree to be on-time and to alert each other of any need to cancel or change the appointment time.
- The video platform DOXY-ME will be used for this service. I understand that text messages will be used for scheduling communications through the required SIGNAL text messaging service. To provide optimal confidentiality, messages sent through Signal will be set to disappear after they are read. Initial questions, including inherent risks, about using these services have been answered and additional support will be made available as needed.
- I understand it will be necessary to have access to a webcam, laptop camera, or smartphone device to conduct video conferencing.
- It will be necessary to have a **secure connection**. This means that public or free Wi-Fi connections are not permitted unless under emergency conditions.
- It is vital that the areas used by all parties during the video conferences be quiet and private. The cameras will be used to verify who is present in the room. Both parties will provide valid and truthful information about their locations for each session.
- Distractions, such as cell phones not in use for the session, or other interruptions will be avoided whenever possible.
- A back-up plan for technical situations that might arise has been developed. This includes exchange of accessible/alternate phone numbers to permit restart or rescheduling.
- A safety plan has also been developed for crisis situations and includes location data, emergency contacts, closest emergency room, and emergency responder information.
- If necessary due to age, permission of a parent or legal guardian authorizing this service has been obtained.
- Insurance or Medicaid may provide reimbursement for this service. This issue has been discussed fully.
- I understand the psychologist determines if telepsychology is the correct option for services.

Name

Date