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**Clinical Psychologist**

## **Telepsychology Services Informed Consent**

### **What is Telepsychology?**

“Telepsychology” is the provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered using telecommunications technologies, such as video conferencing. Services delivered via Telepsychology rely on a number of electronic, often internet-based, technology tools. I use the video conferencing service, Zoom, for this purpose.

- You will need a computer with a webcam and speaker, access to a secure internet service, and access to Zoom in order to engage in Telepsychology work.
- You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in Telepsychology.
- If you have any questions or concerns please address them directly to me so you can discuss their risks, benefits, and specific application to your treatment.

I am making Telepsychology services available to my clients temporarily in response to the current risks posed by COVID-19 regarding in-person meetings. When it is deemed safe to resume in-person meetings, Telepsychology services will be phased out; they will not be offered indefinitely.

### **Benefits and Risks of Telepsychology**

Receiving services via Telepsychology allows you to: Receive services at times or in places where the service may not otherwise be available and receive services when you are unable to travel to the service provider's office. Receiving services via Telepsychology has the following risks:

- Telepsychology services can be impacted by technical failures, may introduce risks to your privacy, and may reduce my ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:
  - Internet connections, cloud services, our devices, and local power could cease working or become too unstable to use. Interruptions may disrupt services at important moments, and I may be unable to reach you quickly or using the most effective tools.
  - Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of Telepsychology-based service delivery.
  - Because Telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy, but you will also need to take measures to secure your privacy.
  - Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For





example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

- There may be additional benefits and risks to Telepsychology services that arise from the lack of in-person contact or presence, the distance between you and myself at the time of service, and the technological tools used to deliver services. I will continue to assess these potential benefits and risks, sometimes in collaboration with you.

### **Assessing Telepsychology's Fit For You**

Although it is well validated by research, service delivery via Telepsychology is not a good fit for every person. I will continuously assess if working via Telepsychology is appropriate for your case. If it is not appropriate, we will discuss other options that are a better fit for your needs. Please talk to me if you find the Telepsychology media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reasons why the Telepsychology medium seems to be causing problems in receiving services so that we can address your concerns. You also have a right to stop receiving services by Telepsychology at any time.

### **Your Telepsychology Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with me during the session. If you are unsure of how to do this, please speak with me about it.

### **Our Communication and Emergency/Crisis Plan**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. Your options for seeking services/assistance during a mental health crisis or emergency remain the same as the plan we discussed during our in-person therapy (also re: my Notice of Privacy Practices and the Informed Consent for Therapeutic Services that you signed during the intake). We will also discuss any necessary amendments to that plan to account for the different modality of service.

Given that our contact is remote, I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency that needs to be addressed immediately, do not call me back; instead, call 911 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 wait two (2) minutes and then try to join the meeting again via Zoom. If we cannot reconnect via Zoom, I will call you by phone. If you do not receive a call from me within two (2) minutes after trying to reconnect via Zoom, then call me at 607-273-1083.

### **Your Security and Privacy**



I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. I employ software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your healthcare services are not lost or damaged (outlined in the Electronic Records Disclosure, Notice of Privacy Practices, and the Informed Consent for Therapeutic Services that you signed during the intake). However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. As with all things in Telepsychology, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own healthcare information. When communicating with me, use devices and service accounts that are protected by unique passwords that only you know, use secure networks, and make sure you are in a private environment where our conversation will not be overheard. Also, only contact me through the methods that I have designated as appropriate. I do not communicate with clients through text or email, as these methods are not secure.

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

### **Fees**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers 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.

### **Recording and Records**

Please do not record video or audio sessions. Making recordings can quickly and easily compromise your privacy. I will not record video or audio sessions and I do not consent to being recorded.

I will maintain a clinical record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Informed Consent**

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

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_