
TELEPSYCHOLOGY INFORMATION AND CONSENT

This document contains important information about telepsychology services. Please review carefully, complete the fields below, and electronically or hand-sign the document.

- Telepsychology is a relatively new, innovative method of providing therapy. Not all people or problems are appropriate for this service. In addition, there are potential benefits and risks of videoconferencing that differ from in-person sessions. A risk is a possible limit to patient confidentiality due to electronic data breaches. Another risk is the potential for technological difficulties that result in abrupt termination of a session or inability to connect. A benefit is ease of communication, especially if there is concern related to transportation or illness.
- To reduce the risk to limiting confidentiality, I use HIPAA-compliant means of communication (phone, text, email) as well as a HIPAA-complaint telepsychology platform and secure internet connection. As further protection, it is important that you use a secure internet connection rather than public/free Wi-Fi. You will also need to use a webcam or smartphone during telepsychology sessions.
- Your rights, the limits of confidentiality, and other practice policies specified in the initial therapy consent and the notice of privacy practices extend to telepsychology services. Further, there will be no recordings made of telepsychology sessions. No one other than the psychologist and vendors with whom the psychologist has a Business Associate Agreement (BAA) to maintain HIPAA compliance will have access to your electronic communications. Electronic communications will be stored and disposed of securely such that they cannot be accessed by unauthorized persons.
- Your signature below indicates that you understand the information obtained in this consent and that you agree to:
 - are located in OH or PA, as these are the states where I am licensed to provide this service at this time.
 - use the video-conferencing platform selected for our virtual sessions (doxy.me), which the psychologist will explain how to use.
 - be in a quiet, private space that is free of distractions (including cell phone or other devices) during telepsychology sessions.
 - be on time, and, if you need to cancel or change your tele-appointment, notify the psychologist at least 24 hours in advance by phone or email. The late cancel/missed appointment fee will otherwise be charged.
 - provide a phone number where you can be reached to restart the session or to reschedule it, in the event of technical problems, and for any other reasons that may require an alternate form of contact. In the event that you need to reach me, please call 216-223-7169.

Phone No: _____

- provide at least one emergency contact and the closest emergency room to your location, to be used in the event of a crisis/emergency situation.

Emergency Contact: _____ Number: _____

Name of Closest ER: _____

- confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- acknowledge that as your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Signature