

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting initial video-conferencing services, we discussed and agreed to the following:

- -There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- -Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- -We agree to use the video-conferencing platform selected for our virtual sessions, and the Clinician will explain how to use it.
- -You need to use a webcam or smartphone during the session.
- -It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- -It is important to use a secure internet connection rather than public/free Wi-Fi.
- -It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the clinician in advance by phone or email.
- -We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- -We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- -If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- -You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- -As your Clinician, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
- Doxy.me will be used as our platform. This is HIPAA compliant and you will assess it through a link sent to you in your patient portal or email if you do not have a patient portal

___ **INITIAL IF YOU DECLINE TELEHEALTH SERVICES**

OR

___ **INITIAL IF YOU UNDERSTAND AND AGREE TO TELEHEALTH AND THE ABOVE POLICIES**