

Bardenstein Family Center
135 Meadowhill Lane
Moreland Hills, Ohio 44022

INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. 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 psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and the clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

Risks to confidentiality. 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. We will use Thera-Link, a HIPAA compliant platform that uses video and audio technology through a webcam on your device and my device to connect us securely. Sessions and documents are encrypted and meet or exceed all HIPAA guidelines. It is important for you to make sure that you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation. It is important to be in a quiet, private space that is free of distractions (including cell phones and other devices) during the session. It is important to use a secure internet connection rather than a public/free Wi-Fi. It is important to be on time; if you need to cancel or change your tele-appointment, you must notify me in advance by phone or email.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session or stored data could be accessed by unauthorized people or companies. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video, we will call you back to complete the session. List your main number and alternate number here _____

You will only be charged for the portion of the session that was not affected.

Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work. Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. 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 below to allow me to contact your emergency contact person as needed during such a crisis or emergency. Emergency contact name_____

Phone_____

Patient authorization_____

If, for any reason, we are unable to connect and you are in an immediate crisis or a potentially life-threatening situation, get immediate emergency assistance by calling 911 or going to your nearest emergency room.

Confidentiality:

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. 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. I am using updated encryption methods that are HIPAA compliant 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 to confidentiality that I outlined in my Informed Consent document still apply to 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 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. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies. No one is to record the session without the permission of the other person (or persons).

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.

Client Name, Signature

Date

Therapist Name, Signature

Date