



ANNA M LUCCA PhD
LICENSED CLINICAL PSYCHOLOGIST

Informed Consent for Telepsychology

This agreement adds to the information and agreements from the Psychotherapist-Client Service Agreement which you have previously read and signed.

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 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. I use an encrypted, HIPAA compliant telemedicine platform.

Please read and note that:

- There are many benefits and some risks of telepsychology that differ from in-person sessions.
- Confidentiality agreements, that are always integral to your care, are the same for telepsychology services.
- Recording of sessions is NOT permitted.
- A computer or smartphone with webcam/camera needs to be used 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 imperative that no family member or friend is in hearing or visual proximity to you or to your electronic device during the session.
- It is important to have a secure internet connection rather than public/free Wi-Fi.
- In order to be punctual please set up for the appointment at least 5 minutes before it is due to begin. You will be admitted to a virtual waiting room.
- A back up plan in the event of technical problems may include restarting the session, or more likely supplementing with a phone for audio.
- Our safety plan 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, the permission and contact information of your parent or legal guardian is required for you to participate in telepsychology sessions.
- It is recommended that you confirm with your insurance company that video sessions will be covered; if they are not covered, you are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate for you, and that we should resume our sessions in-person.

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By signing this document, you are stating that you are aware that I may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911. Below, please indicate the name and telephone number of someone whom you consider an emergency contact and the name of a hospital/ER that is closest to your home location.

Local Emergency Contact Name & Contact Info:

Closest Hospital ER:

Your signature here below indicates that you have read and understood this Telepsychology Informed Consent Agreement.

Client name: _____ DOB _____

Client signature _____ Date _____

If you are a minor:

Parent's name: _____

Parent's signature _____ Date _____