

Marivic R. Dizon, Ph.D.
Licensed Psychologist, PSY 22893
1838 El Camino Real, Suite 230 Burlingame, CA 94010
(W): 650-204-7862 (Fax): 888-977-1372

INFORMED CONSENT FOR TELEHEALTH SERVICES

Prior to starting video-conferencing and phone-conferencing services, Dr Dizon and I discussed and agreed to the following:

1. **Introduction of Telehealth:** I understand video and phone conferencing technology will not be the same as a direct client/provider visit due to the fact that the client is not in the same room as the psychologist. We agree to use a video-conferencing platform selected for our virtual sessions (e.g. doxy.me) and Dr. Dizon will explain how to use it.
- **Benefits & Risks:** I understand that telehealth has potential benefits and risks (e.g. limits to patient confidentiality) that differ from in-person sessions. Potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I also understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that Dr. Dizon or I can discontinue the telehealth conference if it is felt that the connection is not adequate for the situation.
- **Equipment/Set Up:** I understand that I am responsible for (1) providing the necessary computer, tablet or smartphone along with earbuds or headphones for sound quality, (2) providing a secure internet connection or cell service rather than public/free WiFi, and (3) arranging a location that is quiet, private and free from distractions during the session.
- **Encountering Technological Difficulties/Back-up Plan:** I understand in the event of technical difficulties, that I will provide a phone number where I can be reached in order to continue the session or we can reschedule it.
- **Office Policies:** I acknowledge that my consent to engage in telehealth does not replace my agreement in Informed Consent, which details information including but not limited to confidentiality, fee policy, cancellation notice, etc.
- **Confidentiality:** Confidentiality and privacy apply to telehealth. Sessions may not be recorded and others are not authorized to be included in the session unless discussed and agreed upon by the client and Dr. Dizon. To ensure confidentiality, I will not share the telehealth appointment link with anyone unauthorized to attend the appointment.

- **Emergency Protocol:** I acknowledge that if I am feeling at risk for harming myself or another person, I agree to seek care immediately by calling 911 or going to the nearest hospital emergency department. I understand that Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911. If I am not an adult, Dr. Dizon needs the permission of your parent or legal guardian (and their emergency contact information) for you to participate in telepsychology sessions. I am aware that my practitioner may contact the proper authorities and/or my designated, local contact person in the case of an emergency.
- **Insurance:** I understand that if I am submitting my claims to insurance, that I need to check with the insurance provider regarding telepsychology reimbursement. If they are not reimbursed, I am responsible for full payment.
- **Appointment time:** It is important to be on time for the telepsychology sessions. If you need to cancel or change your tele-appointment, please notify Dr. Dizon with at least 48 hours notice by phone or email.
- **Rights to Discontinue Telehealth:** I understand that if I want to discontinue telehealth services that I may do so at any time and if Dr. Dizon deems that due to certain circumstances that telehealth is no longer appropriate, that as your psychologist, I may also discontinue and resume our sessions in-person.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

By signing below, I am agreeing that I have read, understood, and agree to the items contained in this document.

Printed Name of Client: _____

Printed Name of Parent/Guardian: _____

Signature of Client/Parent/Guardian: _____

Date: _____