



Last revised: 11/03/2025

Informed Consent for Telepsychology Services

I agree to receive telepsychology services from Pavel S. Blagov, PhD, psychologist with Insight Psychology, PLLC. **Telepsychology** (a form of telebehavioral health or telehealth) is a way of providing psychological care using electronic technology. It allows the psychologist and the client to communicate over a distance and while being in different physical locations.

I UNDERSTAND THAT:

- I have the right to ask questions about the information here and to have them answered.
- Dr. Blagov provides psychological services via telepsychology only, except in exigencies.
- I have the right to withhold or withdraw my consent to telepsychology services.
- Dr. Blagov may provide telepsychology services only when I am physically located in Washington State or another participating PSYPACT state. Dr. Blagov is licensed as a psychologist in Washington. PSYPACT is an interstate compact that permits cross-state telepsychology services to participating states, subject to the receiving state's authority to limit or revoke privileges and to its mandatory consent, reporting, and emergency-care laws. Dr. Blagov can practice telepsychology into PSYPACT states other than Washington only for as long as he holds appropriate PSYPACT credentials. Services are provided where the patient is physically located. Dr. Blagov will follow both Washington State's and the receiving state's laws governing the practice of psychology as appropriate.
- The telepsychology meetings **will not be recorded** (audio or video) without my consent.
- The laws that apply to protected health information (**PHI**) also apply to telepsychology.
 - The fact that such laws apply was disclosed to me in the **Disclosure Statement and Informed Consent** form and the **Notice of Privacy Practices** form.
 - These laws protect the confidentiality of my communications with the psychologist and my health record, give me access to my health record, and provide for situations when the psychologist may be permitted or required to disclose PHI about me.
- In addition to certain benefits, telepsychology may have certain **limitations and risks** as compared to meeting in person at a clinical office. They may include, but are not limited to:
 - Disruptions of meetings because of technology failures.
 - The psychologist's **limited ability to respond to emergencies**.
 - Interruptions by unauthorized persons, which may result in confidentiality breaches.
 - Breaches of confidentiality due to the reliance on electronic communication.
 - Telepsychology may limit the psychologist's ability make visual and olfactory observations to evaluate my condition and experience. For example, it may limit the psychologist's ability to observe my nonverbal communication, body, attire, grooming, hygiene, movements, eye contact, and any visible bruises or injuries that I may have. The psychologist will not be able to sense odors that may be relevant. As a result, the psychologist may not be aware of what they may consider important information that I may not recognize as significant to convey verbally to them.
- Compared to meeting in person, telepsychology may have **potential benefits**. They may include, for example, easier access to care, the convenience of meeting from a location of my own choosing, and the reduction of travel costs and lost work time.
- Based on my circumstances and health condition, the psychologist may determine that telepsychology is not appropriate for me.

Informed Consent to Telepsychology Services

- Conditions that cannot be treated via telepsychology by Dr. Blagov include – but are not limited to – a mental-health crisis, psychotic symptoms, manic symptoms, and significant risk to the safety of self and others. In such cases, in-person care and/or a higher level of care is usually required.
- ***In case of an emergency*** related to my care, my psychologist may use clinical judgment and decide to call my emergency contact and/or the appropriate authorities.
- ***SimplePractice*** provides the telehealth platform that the psychologist and I will use to conduct telehealth videoconferencing appointments. The platform is simple to use and does not require passwords to log in. I acknowledge that:
 - SimplePractice allows me to be in direct, virtual contact with the psychologist, but SimplePractice itself does **not** provide healthcare services (including, but not limited to, urgent or emergency services). SimplePractice facilitate videoconferencing is not responsible for the delivery of health care.
 - The psychologist does not have access to all technical information about SimplePractice, and I will not rely on the psychologist for technical support with using SimplePractice.
- Some insurers do not reimburse for telepsychology services across state lines. You are responsible for confirming coverage and for charges not reimbursed by your plan.

I AGREE THAT:

- ***For privacy reasons***, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.
- I will provide my psychologist with a local ***emergency contact*** to use in case of an emergency, and I will inform my psychologist of my emergency contact changes.
- ***I will not record*** any of the sessions without the psychologist's consent.
- I will ensure that I am alone and have privacy when entering meetings with my psychologist.
- At the start of each appointment, I will inform the psychologist about the physical address from which I am joining each meeting.
- ***If a session gets interrupted by a third party on my end***, my psychologist will disconnect the conversation. I can then attempt to re-enter the meeting once the third party has departed.
- ***If a session gets interrupted by technological failure***, then I will disconnect the conversation and try to re-enter it. If this cannot be done within 10 min., then I will call my psychologist on the phone, as the session may have to be rescheduled.
- ***SimplePractice is not an emergency service!***
In case of an emergency, I will use a phone to call 988 (for a psychiatric emergency) or 911 (for a general emergency), or I will go to the nearest emergency room.
- Dr. Blagov will handle emergencies according to the state law applicable at my physical location.

In addition to this Informed Consent for Telepsychology Services, I will carefully review the separate ***Disclosure Statement & Informed Consent*** form and the ***Notice of Privacy Practices***.

Informed Consent to Telepsychology Services

BY SIGNING THIS FORM, I INDICATE THAT I HAVE RECEIVED, READ, AND UNDERSTOOD THE CONTENTS OF THIS DOCUMENT. I know that I can bring questions about this document to the psychologist prior to signing it.

Person receiving services:

Authorized representative (if any):

Basis of representation:

Signature of consenting party:

Signature date:

Psychologist:

Psychologist's signature:

Signature date: