



CLARITY PSYCHOLOGICAL
SERVICES LLC

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

- There are benefits and potential risks of video (example: limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services. Sessions will be held on a Health Insurance Portability and Accountability Act (HIPAA) compliant encrypted video conferencing application.
- We will agree to use the video-conferencing platform for sessions and the psychologist or staff member will explain how to use it.
- Your device needs to have a camera, as well as audio capabilities.
- 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 staff member or psychologist at least 24 hours in advance by phone or email.
- We need to have a back-up plan (example: 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 emergency room 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 tele psychology 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 psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

I have read, understand, and agree to the information provided above regarding telehealth/tele psychological services.

Clients Name (Print): _____

Clients Signature: _____ Date: _____

Psychologist: Danielle L. Pagat, Psy.D. _____ Date: _____