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## **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. You have the right to refuse telehealth services at any time.

### **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 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, takes less time, and involves fewer costs related to travel.

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. On my end, I will take reasonable steps to ensure your privacy. But it is important for you to make sure 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.
- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, delays may occur due to connections or other technologies, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation, who generally require high levels of support and intervention, or who I cannot see or hear well. 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.
- Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely, about the effectiveness and/or safety of some types of therapy via telepsychology, and about the immediate accessibility of resources should there be a risk of you harming yourself or someone else.
- Insurance reimbursement: Insurance may or may not reimburse for telehealth sessions. It is recommended you contact your insurance company regarding this matter prior to initiating telehealth sessions.

### **Electronic Communications**

You need to use a webcam or smartphone during the session. You may have to have certain computer or cell phone systems or data plans to use telepsychology services. It is important to use a secure internet connection rather than public/free Wi-Fi. Use of an ethernet (versus wi-fi) may allow for more stable video. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, data plan, or software to take part in telepsychology.

For information regarding communication between sessions, please see relevant sections that are outlined in my ‘Psychotherapist-Patient Services Agreement Informed Consent’ [discussed/signed at session 1] as these still apply in telepsychology. Please let me know if you have any questions about this.

### **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 will try to use updated encryption methods, firewalls, and back-up systems 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 ‘Psychotherapist-Patient Services Agreement Informed Consent’ still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Telepsychology**

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that telepsychology is no longer the most appropriate form of treatment for you (e.g., presents a risk to your emotional or physical well-being). We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

### **Emergencies and Technology**

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 at least one 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 also ask you to identify your closest ER and/or local mental health crisis resources. You will sign a separate authorization form allowing me to contact your emergency contact person as needed during a crisis or emergency.

We will also make a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems

### **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, HMO, third-party payor, or other managed care provider does not cover electronic/telepsychology 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 or, in the case of out-of-network services, partially reimbursed.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time. For payment purposes, a credit card will need to be on file (encrypted in therapyappointment.com) before starting telepsychology.

### **Records**

The telepsychology sessions shall not be recorded in any way without the written permission from the other person(s) involved. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Patient Responsibilities**

The following expectations are to be observed for all telepsychology appointments:

- You must be located in Texas to participate in virtual sessions due to licensing laws.

- If you are not at your typical visit location, please inform me so that I can obtain the address of the new location for emergency purposes.
- You should be located in a quiet, private space that is free of distractions (e.g., cell phone or other devices, pets, children, other people) during the session. Virtual sessions are not allowed in public places.
- To maintain privacy, no other person should be in the same room or within hearing distance during your session.
- It is important to be on time. No-show/late cancellation policies outlined in my ‘Psychotherapist-Patient Services Agreement Informed Consent’ still apply in telepsychology.
- Use of a headset is recommended
- Treat the session as you would an in-clinic appointment (e.g., appropriate daytime attire, no eating, no use of alcohol or drugs, no tobacco products, no walking around or engaging in other tasks). Virtual sessions should not be held in bedrooms or bathrooms.
- Please make sure your device is fully charged prior to session start
- Weapons should not be located in the room where a session is being conducted.

**Informed Consent**

This agreement is intended as a supplement to the ‘Psychotherapist-Patient Services Agreement Informed Consent’ signed at session one and does not amend any of the terms of that agreement. Your signature below indicates your agreement to use the video-conferencing platform selected for our virtual sessions and your agreement with the terms and conditions detailed in this informed consent document.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lisa Robinson, PhD  
Licensed Psychologist (TX 32216)

\_\_\_\_\_  
Date



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**TELEPSYCHOLOGY BACK-UP & EMERGENCY PLANS**

IF YOU ARE NOT HAVING AN EMERGENCY OR CRISIS, and the session is interrupted for any reason, such as technological difficulties, disconnect from the session and I will immediately re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me at 713-922-5339. If I do not receive a call from you within four (4) minutes, I will call you at the phone number listed below.

IF YOU ARE HAVING AN EMERGENCY OR CRISIS, and the session is interrupted for any reason, such as the technological connection fails, do not call me back; instead, call 911 or call the Crisis Line 1-800-273-8255 or go to your nearest emergency room. Call me back after you have called or obtained emergency services. If I do not hear back from you within three (3) minutes and I suspect an emergency may be occurring, I will contact either your local emergency services or emergency contacts as noted below.

**Emergency Contacts:** The person(s) I have listed below is/are a friend and/or relative who may be contacted by Dr. Lisa Robinson in the event a suspected life-threatening emergency occurs during one of our virtual sessions. I have informed each person of this possibility that they may receive a call in the unlikely event that one is necessary, and obtained permission from each one to list their contact information on this document.

Emergency Contact #1:	Emergency Contact #2:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone number: _____	Phone number: _____

**Private Computer Location:**

Full Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Local Emergency Services:**

Police Department (Name / Number): \_\_\_\_\_  
 Fire Department (Name / Number): \_\_\_\_\_  
 Closest ER: \_\_\_\_\_  
 Other (e.g., mobile crisis unit): \_\_\_\_\_  
 Crisis Hotline: 800-273-8255

My signature below confirms that I am aware that my provider may contact the necessary authorities and/or my emergency contacts in the case of a suspected emergency, and that any questions or concerns I have regarding telepsychology sessions have been addressed to my satisfaction. My signature below also indicates that if I believe there is imminent harm to myself or another person, I will seek care immediately through my local emergency resources, by calling 911, calling the crisis hotline, or by going to the nearest ER.

_____ Patient Signature	_____ Printed Name	_____ Date
_____ Lisa Robinson, PhD (Psychologist, TX 32216)	_____ Date	



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### Release of Information Authorization Form for Emergency Contacts

I authorize Dr. Lisa Robinson and/or his or her administrative or clinical staff, to contact the emergency contact(s) identified in my 'TELEPSYCHOLOGY BACK-UP & EMERGENCY PLANS' in the event of a suspected emergency in order to protect me, should s/he determine it to be necessary.

I understand that persons selected by myself as emergency contacts will not otherwise have access to any of my medical records or health information, unless otherwise indicated in a separate written Authorization to Release Information form.

This authorization shall remain in effect until:

End of treatment episode\_\_\_\_\_ 6 months\_\_\_\_\_ 1 year\_\_\_\_\_ other\_\_\_\_\_

If left blank, this authorization shall expire one year after date signed below.

You have the right to revoke this authorization, at any time by written notification. However, your revocation will not be effective to the extent that your clinician has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and may no longer be protected by the HIPAA Privacy Rule.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date