

## Telehealth Consent and Considerations

The neuropsychological evaluation may include intellectual abilities, attention/concentration, processing speed, executive functioning, memory, language, spatial skills, reasoning, and daily functioning.

### **GENERAL CONSIDERATIONS**

- There are potential benefits and risks of video assessments (e.g., limits to patient confidentiality, distressed by technology or sessions) that differ from in-person sessions. We will use WebEx or Zoom.
- Please ensure you are in a private, confidential room and that others are aware you are in a confidential meeting. It is recommended you hang a sign on your door if you have others in your household who may forget.
- We agree to use the video-conferencing platform selected for our virtual sessions and explain how to use it.
- Confidentiality still applies to telehealth services. Sessions should **not** be recorded for any reason.
- It is essential to be on time. Please log on 5- to 10--minutes before your session to ensure connection.
- If you need to cancel or change your virtual appointment, please contact Dr. Ambler at christian@christianambler.com or 650.815.6127.
- We need a "**back-up plan**" (e.g., a phone number where you can be reached) in case we need to 1) restart the session, 2) reschedule, 3) have technical problems, or 4) if your child needs your assistance, breaks, feels distressed, or for other matters.
- If you are under 18, we need the permission of your parent or legal guardian (and their contact information) for you to participate in tele-neuropsychology sessions. They will also sign this agreement below.

### **SPECIFIC CONSIDERATIONS FOR VIRTUAL ASSESSMENTS**

- The tests we will use through video conferencing have been minimally affected by virtual administration or adapted for this purpose. That said, these are unique circumstances, and some third parties (e.g., schools) may question the validity of "in-home" evaluations. All results from virtual testing must be interpreted with these things in mind.
- If we encounter interruptions in our connection, we may not be able to use the testing results from that particular activity or measure.
- To protect testing materials, screenshots, recording, or allowing others to see your screen during testing is **strictly prohibited**.
- If our connection is interrupted at any time, you are to immediately put away any materials and await further instructions from the examiner. Please do not continue to work on any item while we are disconnected.
- In certain circumstances, you may be mailed test materials that you will need for testing. **Do not open these materials until instructed to do so on our visit.** After testing is

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complete, you will be asked to seal these materials in the provided envelope on camera.

- It would be best to use a computer or laptop, power cord, a wired keyboard, video cam, microphone, and headphones.
- Snacks and drink/water are recommended.
- It is essential to be in a quiet, private space free of distractions (including a cell phone or other devices) during the session.
- It is essential to use a secure internet connection rather than public/free Wi-Fi. It is recommended that other household members are **not** using the Wi-Fi at the same time while you are testing, as this will decrease your internet/computer speed and may result in a "frozen" screen.
- Dr. Ambler may determine that the telehealth assessment is no longer appropriate due to unavoidable circumstances and that we should resume our sessions in person once possible.
- Dr. Ambler has no intention of causing any personal discomfort associated with this evaluation. You are free to refuse to answer any questions and are free to terminate the assessment whenever you wish.
- Dr. Ambler is required to notify authorities if he knows of or suspects child/elder abuse or neglect or has a reason to believe that the client may harm others or himself/herself.

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**The terms of this evaluation had been reviewed, understood, and agreed to by me.**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Adult available during assessment)

Child/Client's Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)