**Acton Psychological Associates**

**532 Great Road**

**Acton, MA 01720**

**INFORMED CONSENT FOR TELEPSYCHOLOGY**

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**Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing. 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 unable to meet in person. 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.

* 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, 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 requiring high levels of support and intervention. 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.

**Informed Consent**

Your signature below indicates agreement with its terms and conditions.

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Client Date

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Therapist Date