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## Telehealth Informed Consent

**\*Prior to starting video-conferencing services, we discussed and agreed to the following:**

- There are potential benefits and risks of telehealth (e.g., **limits to patient confidentiality**) that differ from in-person sessions.
- **Confidentiality still applies for telepsychology services**, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and your provider will explain how to use it. However, your provider is not a **Zoom** (or other platform used) technician and it is your responsibility to ensure that any necessary software is properly installed and fully functional prior to your first tele-health visit.  
**\*Scheduled appointments significantly interrupted by technical problems related to a failure on your part to ensure all aspects of the interface are properly installed and functional will be treated as a "last-minute" cancellation.**
- You need to use a **computer, laptop or tablet** with a **webcam, speakers & microphone/smartphone** during the session.
- 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. While all reasonable attempts will be made to protect privacy, your provider cannot guarantee security. Specifically, we do not guarantee the security of the network.
- It is important to be on time and **prepared\***. If you need to cancel or change your appointment, you must notify your provider in advance by phone or email ASAP.
- We need a **back-up plan** (e.g., phone number where you can be reached) to reschedule the session in the event of technical problems. In such situations, phone, text, or e-mail only communications are not a sufficient, billable, or ethical means of continuing a session or visit.
- We need a **safety plan** that includes at least one emergency contact and the closest ER 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 telehealth 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. You are expected to make payment at time of service. In addition to insurance information, you agree to have some form of payment on file such as a credit card agreement to ensure that payment is received the day that the service is provided.
- Our cancellation policy for a telehealth service session is the same as the cancellation policy at our physical location. You will not be charged in the event that you notify your provider **at least 24 hours before the**

**service** is scheduled to occur. If your provider is not notified at least 24-hours in advance, you may be charged for the **session**\*

- As your provider, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

\_\_\_\_\_  
Patient Email

\_\_\_\_\_  
Telephone #

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

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Provider/ Clinician Signature:**

\_\_\_\_\_  
**Date**