

VIRTUAL VISIT INFORMED CONSENT

This statement of understanding has been prepared to help explain policies and procedures related to electronic services or virtual visits (teletherapy) provided by psychologists.

As a client receiving psychological services through telepsychology methods, you understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to this service. You will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. You may decline any telepsychology services at any time without jeopardizing your access to future care, services, and benefits.
3. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. While specific encryption measures have been taken to protect the information that will be communicated between you and your provider, the privacy and confidentiality of computer mediated communication cannot be 100% guaranteed.
4. Also, if you decide to save the information discussed in your virtual online visit to your computer as a transcript, you are encouraged to take steps to ensure this information remains confidential. Possible breaches to your privacy could occur if another individual(s) has access to your computer.
5. Any family member or other individual that you would like to have present during the virtual visit must also sign this document. To ensure patient safety and privacy, please participate in the virtual visit from a private location. All individuals present for the virtual visit must be within view of the camera so the provider is aware of who is participating.
6. Virtual visits should not be used for emergency mental health needs. In emergency situations call 911.
7. It is your responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
8. The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.

Patient Signature

Date

Printed Name