

Psychological and Consultation Services, P.C.
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TELEPSYCHOLOGY INFORMED CONSENT

As a patient receiving psychological services through telepsychology methods, I 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. I 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. If a need for direct, face to face services arises, it is my responsibility to contact this office for a face to face appointment. I understand that an opening may not be immediately available.
3. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
4. 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. My psychologist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
5. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
 - a. In emergency situations: Text messaging, Email, Phone, Video
 - b. Should service be disrupted: Text messaging, Email, Video
 - c. For other communication: Text Messaging, Email, Video
6. My psychologist may utilize alternative means of communication in the following circumstances:

When there is disruption of services during a session or by mutual agreement related to a specific situation discussed.
7. My psychologist will respond to communications and routine messages within 24 hours, and if you have not heard from your psychologist, please call the main office to speak to our front office staff.
8. It is my responsibility to maintain privacy on the patient/client end of communication. Insurance companies, those authorized by the patient/client, and those permitted by law may also have access to records or communications.
9. I will take the following precautions to ensure that my communications are directed only to my psychologist or other individuals: be sure I am in a space that protects confidentiality of session between myself and the psychologist. If someone else is in the room, I will share that information with my psychologist.
10. My communications exchanged with my psychologist will be stored in the following manner: with my medical records and on HIPAA compliant platforms.
11. 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's Signature

Date

OR

Parent or Representative's Signature

Signer's Relationship to Patient