

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

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

- There are potential benefits and risks of video-conferencing (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 the psychologist will explain how to use it.
- You need to use a webcam or 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.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- 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 telepsychology 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.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Reminder calls/texts/e-mails

Normally, reminder calls for appointments will be made a few days before the appointment. Unless authorized below, these calls will be by phone to the phone number indicated as the primary contact number (or numbers) by patient/parent/

primary contact number (or numbers) by patient/parent/guardian. Text and e-mail are not HIPAA compliant ways to communicate, and thus not secure forms of communication. If indicated below, the patient/parent/guardian is requesting that reminder calls be made in another format and understands that these transmissions may not be fully secure. The minimum information required for the reminder will be used (usually just date and time of appointment, with initial of the patient/child if there are more than one patient per family).

I hereby agree that Stephanie Dodge, PhD may contact me by the following means of communication for appointment reminders/schedule changes only.

_____ text _____

_____ e-mail _____

other _____

Signature: _____ (of patient, or if patient is child of parent/guardian)

Patient Name: _____ (child's name if child is patient)

Parent/Guardian's printed name : _____

Date: _____