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TELEPSYCHOLOGY INFORMED CONSENT

Telepsychology is the provision of psychological services using telecommunication technologies.

Eligibility for Telepsychology: Colorado guidelines recommend an in-person session prior to engaging in telepsychology services to determine appropriateness for this type of treatment. Clients who are actively at risk of harm to self or others are not suitable for telepsychology services. If this is the case, or becomes the case during your course of treatment, please let your clinician know and services will be reevaluated. Additionally, telepsychology services may be experienced somewhat differently than in-person services. Please discuss any discomfort or lack of fit with this means of service with your clinician.

Telepsychology Options & Privacy: Clinicians currently offer telepsychology via visual telecommunication, with phone as a back-up means of continuing a session should internet service become unreliable. We offer services via Doxy.me (which is HIPAA and HITECH compliant.) When engaging in telepsychology, your privacy and confidentiality are also dependent on your environment. You are responsible for selecting a private setting in which others will not be able to overhear your conversation and in which you anticipate being free from distraction. The clinician is responsible to do the same.

Technological Requirements: You will need access to a computer with a webcam and internet capabilities, a strong internet connection, and headphones (to ensure the best sound quality and limit speaker feedback noises).

Billing: At the beginning of treatment, you will need to provide the clinician with your credit card information to be used for payment purposes. This information will be stored securely as a card on file in Theranest (our billing software). The clinician will charge your card only in relation to the psychological services you receive. If you cancel your appointment less than 24-hours in advance, you may be billed at the full rate.

Technological Failure: In the event of technological failure, immediate steps will be taken by the clinician to reconnect. If reconnection by the same means is not possible, the clinician will send you an encrypted email, attempting to provide some closure to the session. The compromised session may be billed at the full rate.

Recording of Sessions: Sessions shall not be recorded by the clinician or you unless there is an explicit written consent by both parties for reasons that benefit your treatment.

Risks and Rights in Telepsychology: 1) You have the right to withdraw consent for telepsychology at any time. 2) The clinician has the right, at any time, to determine if telepsychology services are no longer appropriate for your case. 3) The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. 4) Exceptions to client confidentiality are the same for telepsychology services as in face-to-face psychological services. 5) Despite best efforts to ensure high encryption and secure technology,

there is always a risk that the transmission be breached and accessed by unauthorized persons. 6) There is a risk that services could be disrupted or distorted by unforeseen technical problems. 7) There is a risk of being overheard if you are not in a private environment. 8) Due to the nature of telepsychology services, there may be quality differences that are experienced compared to in-person services. You are encouraged to provide feedback to the clinician about this, especially if you find the quality insufficient for your needs.

Please list your reason for wanting to receive telepsychology services instead of in-person services:

Emergency Plan: I understand that in the event of an emergency I can follow this plan:

- Call my supportive friend_____(Name and Number)
- Call another supportive friend_____(Name and Number)
- Call 911 or local emergency response team_____(Alternate Number)
- Go to the nearest emergency room_____(Address)
- Other_____

Telecommunication Consent:

_____I give my consent to use Doxy.me for telepsychology (secure; HIPAA and HITECH compliant).

_____I give my consent to use a phone as a back-up means of connection in the event of technology failure at this phone number_____

_____I give my consent to receive emails providing closure to compromised sessions at this email address_____

By your signature below you indicate…

- I have received, reviewed, and had ample opportunity to discuss this document.
- I consent to participate in telepsychology services via the means specified above.
- I agree to select an environment for receiving telepsychology services that I believe will be private and distraction-free.
- I agree to let the clinician know if I am no longer eligible for telepsychology according to the description above and to discuss with her if telepsychology does not feel like a good fit for me.
- I recognize the potential risk of compromised confidentiality associated with telecommunication.
- If I am in danger of harming myself or another person, the clinician may contact and release information about me to any of the people or place that are part of my emergency plan.

_____	_____	_____
Printed Name of Patient	Patient Signature	Date
_____	_____	_____
Printed Name of Clinician	Clinician Signature	Date