

## 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. However, rest assured that *Malec and Associates* uses a HIPAA-compliant video conferencing server.
- Confidentiality still applies for telepsychology services and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist 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 *TeleHealth* appointment, you must notify the therapist 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 reschedule it, in the event of technical difficulties.
- 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.
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should hold our sessions in-person or refer to a clinician in your area who provides in-person psychotherapy.

Therapist Name / Signature: \_\_\_\_\_

Patient Name / Signature: \_\_\_\_\_

If Patient is a Minor, Name / Signature of Parent or Legal Guardian: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Contact Information for Back-Up Person in Case of Emergency (Name and phone number):

\_\_\_\_\_

Closest ER / Hospital to Client: \_\_\_\_\_