

## **INFORMED CONSENT FOR TELEHEALTH SERVICES**

In addition to the usual agreements we make and the informed consent forms you sign, we will need to agree to the following prior to starting telehealth or online services:

- There are benefits and risks of online sessions that differ from in-person sessions.
- Benefits include being able to continue treatment when circumstances prevent or restrict access to in-person meetings.
- Risks include limited confidentiality if someone on your end overhears our conversation. Therefore, it is highly recommended that you are in a quiet, private space that is free of distractions during the session.
- It is important that you use a secure internet connection (rather than a public/free wifi). Please also consider that the internet is inherently less secure than face to face sessions.
- I will conduct our telehealth sessions from a private, quiet place on a secure network. The sessions will not be recorded. The same confidentiality rules apply as for in-person meetings.
- We agree to use the video-conferencing/online platform I have selected for our virtual sessions. I will explain how to use it. We may use only audio or audio/video, as we both agree. You will need a webcam or smartphone for the video.
- You will call me or we will connect online at the agreed meeting time.
- If we have technical difficulty or get cut off, I will call you back. If we have significant difficulty connecting, I will not charge you for the session.
- As circumstances related to COVID-19 change, we can resume our in-person sessions.
- Not all insurance companies cover telehealth. Please contact your insurance carrier to learn if your health insurance policy is currently covering telehealth, and if so, do they require specific coding or other modifications to claims forms.
- 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.
- These agreements may be discussed and revised at any time by either party.

By signing below, you consent to telehealth services with *Therapist's Name* as detailed above.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Preferred phone #: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Preferred email address: \_\_\_\_\_