

Informed Consent for Telepsychology Services

This document contains important information about Telepsychology (also referred to as Teletherapy, Telemental Health or Telehealth Services). Please review this document prior to your first telepsychology session to ensure that you fully understand our policies, procedures, and the possible risks and benefits of this type of therapy. This document supplements our Informed Consent for Therapy Services form and our Notice of Privacy Policy (HIPAA) forms, which must be signed prior to beginning any psychotherapy service with our practice.

Definition of Telepsychology

Telepsychology refers to psychotherapy services that occur via phone, email, or synchronous video conferencing.

Client Responsibility

Clients are responsible for the following to help ensure that sessions are productive, secure, and confidential:

- Choose a quiet, private location with adequate lighting for sessions
- Connect over a secure, password protected network (avoid use of a public “hot spot”)
- Maintain updates and security patches on your electronic device, and password protect the device
- Do not record any sessions
- Always log-out and/or hang up after sessions are completed

Platform and Backup

We use only HIPAA compliant platforms. We have the ability to use Google Meet or 8x8. Technology can fail at times. We will plan to use Google Meet, with 8x8 as a backup. If both fail, the session may be completed by phone.

Benefits and Risks

Face-to-face sessions are our preferred method of therapy, as they allow for a wider range of therapeutic techniques to be used and can facilitate optimal rapport and communication (both verbal and non-verbal) between the client and provider. However, telepsychology offers unique benefits when in-person therapy is not an option due to a number of possible factors. Using telepsychology services can help us to provide continuity of care when individuals have barriers to attending in-person services.

When using technology there is always the risk of security issues (being overheard, mis-sending a message) as well as technical issues (phone not charged, computer software not working, etc.). We try to minimize these risks by adhering to the above policy and procedure.

Telepsychology services are not appropriate for all clients. Generally, those who are experiencing suicidal ideation or altered mental status are not appropriate. Should telepsychology services not be a good fit for you, I will assist you in finding alternative options

Authorization for Treatment

I, _____, authorize evaluation and treatment from WellSpring Child and Family Psychology, PC. I acknowledge that I have read this document and may request a copy of this informed consent agreement.

Date _____