



INFORMED CONSENT FOR TELEPSYCHOLOGY

Telepsychology refers to providing psychological services remotely using telecommunications technologies, such as video conferencing or telephone. Telepsychology allows for the provision of psychological services when patient and therapist are unable to be physically present at the same location.

There are several ways in which telepsychology at Primary Care Psychology Associates, LLC (PCPA) differs from in-person therapy. Telepsychology provides limited opportunity for the therapist to observe and respond to the patient’s body language, affect and general mental status. As a result, the scope and effectiveness of interventions provided by your therapist may be limited and you may be limited in your ability to build rapport with your therapist.

Telepsychology is not an appropriate vehicle for assessing and evaluating patient safety or responding to other patient-related emergencies compared to in-person therapy. To address some of these difficulties, patients are encouraged to consult with their therapist regarding an emergency response plan before engaging in telepsychology services. PCPA recommends that all patients receiving telepsychology identify an emergency contact person who can be contacted in the event of a crisis or emergency to assist in addressing the situation. If you would like to identify a contact person, and authorize Primary Care Psychology Associates, LLC to exchange information with them for the purposes of crisis/emergency response, please enter their name and phone number here: _____ . If your appointment is interrupted for any reason, such as a technological issue, while you are having an emergency, please call 911, or proceed to your nearest emergency room, then contact your therapist after you have called or obtained emergency services. If there is a technological failure and you are unable to resume telepsychology with your therapist in non-emergency situations, you can resume your appointment via telephone. In such situations, your therapist will call you at the number you provided on the PCPA intake form.

Telepsychology appointments shall not be recorded in any way, unless agreed to in writing by mutual consent. Your therapist will maintain a written record of your appointment in the same way they maintain records of in-person appointments, and in accordance with PCPA policies. Because telepsychology sessions take place outside of the therapist’s private office, there is an increased risk of other people to overhear information you discuss during your appointment. Your therapist will only conduct telepsychology while in a private room that is reasonably soundproofed, and where other people are prohibited from entering. You are encouraged to attend telepsychology when situated in an area where other people are not present and cannot overhear or interrupt the conversation. PCPA uses HIPAA compliant web-based video-conferencing service to provide telepsychology. However, for your safety, it is important that you be aware that because of the nature of electronic communications, even channels that are secure and encrypted may be at risk of being intercepted by a third party.

This agreement is intended as a supplement to PCPA’s general informed consent forms and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions. If you are no longer comfortable receiving telepsychology, you can always inform your therapist that you revoke this consent and will be offered alternative comparable treatments or procedures.

Client/Legal Guardian

Date

Clinician

Date