

TEMPORARY TELEPSYCHOLOGY INFORMED CONSENT

In the face of the current coronavirus outbreak, our practice is prepared to offer telehealth as an option, ***only if necessary***, for our patients. This is a temporary accommodation to be offered on an as-needed basis. As a client receiving psychological services through telepsychology methods, I understand:

1. This service is provided by technology (including but not limited to video and phone) and may not involve direct, face-to-face, communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology to participate in the service provided.
2. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
3. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My counselor and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
4. Should service be disrupted, my counselor will make every effort to reconnect or I may contact the main office directly at 440.327.1800.
5. My counselor will respond to communications and routine messages within 48 hours.
6. It is my responsibility to maintain privacy on the client-end of communication by ensuring the privacy of my location. Insurance companies, those authorized by the client, and those permitted by law, may also have access to records or communications.
7. I must disclose to my counselor if anyone else is participating in or listening to the conversation.
8. My communications exchanged with my counselor via telecommunications will not be stored. I also agree to not record these sessions. My counselor will continue to maintain notes and documentation of these sessions similar to in-person sessions.

9. The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. I understand that this document does not replace other agreements, contracts, or documentation of informed consent.
10. It is my responsibility to confirm coverage of telehealth by my insurance.
11. I understand that this practice does not currently have the capacity to offer telehealth services on a large scale, and so the use of telehealth services will be reserved for only when necessary. More specifically, it is reserved for those who have either a confirmed diagnosis of COVID-19, my physician has recommended isolation, or in the case of a community-wide shut down.
12. I will resume face-to-face counseling sessions as soon as the necessity for the telephone sessions has passed.
13. I am aware that I must be physically inside the State of Ohio border to partake in any and all telepsychology sessions.
14. I will provide this practice with a **backup phone number** in case we are disconnected during my telepsychology session(s).

ALTERNATE PHONE NUMBER: _____

Client Printed Name

Signature of Client or Legal Guardian

Date

Printed Name of Clinician

Signature of Clinician

Date