

## **INFORMED CONSENT FOR TELEPSYCHOLOGY**

This Informed Consent for Telepsychology contains important information concerning psychotherapy via phone or audiovisual platforms. Please read carefully, and we can then discuss any questions or concerns. When you sign this document, it will represent an agreement between us that serves as an addendum to the main Informed Consent for Psychotherapy.

### **Telepsychology**

Telepsychology refers to psychotherapy services provided remotely using telecommunications technologies, such as audiovisual conferencing platforms or phone. There are multiple benefits to telepsychology, including flexibility of location for client or provider, reduced commitment of time, and convenience. In terms of efficacy, most research shows that telepsychology is as effective as in-person psychotherapy, although some people prefer to meet for psychotherapy in person.

Telepsychology requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks, limitations, and accommodations that will be addressed below.

### **Location Requirements**

I practice in Southeastern United States in the Eastern Time Zone, and I am licensed in the state of Georgia. I can only serve those residing (and located at session time) in the state of Georgia.

### **Electronic Platform**

I conduct most telehealth sessions via a video conferencing platform that allows us not only to speak to one another but also to see each other on a screen. This HIPAA compliant telehealth platform, Secure Video, uses Zoom, is encrypted to federal standards, and provides a signed HIPAA Business Associate Agreement (BAA) attesting to HIPAA compliance and ensuring responsibility for keeping our video conferencing interaction secure and confidential. Once we schedule a session, this platform will send you an email or text message with a link permitting you to join the session. I request that you log in to the platform at least five minutes prior to your session time. You will need to download the Zoom app free of charge to use this service. You are solely responsible for any cost to you to obtain any additional equipment or accessories to take part in telepsychology; however, the platform that I use may be easily and freely accessed from most mobile and computer devices.

I also conduct sessions by phone as determined by client needs or preferences.

## **Confidentiality with Telepsychology**

I have a legal and ethical responsibility to take reasonable steps to ensure your privacy. However, the nature of electronic communications technologies is such that I cannot guarantee confidentiality. I will take care to help keep your information private, but there is a risk that any electronic communication could be compromised, unsecured, or accessed by other individuals or entities.

Your responsibility for protecting the confidentiality of remote sessions is also significant and includes your agreement to the following guidelines (that I will follow as well):

- You will take reasonable steps to ensure the security of our communications (by only using secure networks for telepsychology sessions and having passwords to protect the devices you use for telepsychology).
- You understand your responsibility to be aware of possible limitations in privacy/confidentiality and, hence, will choose a secure and *private* location and take reasonable steps to ensure that family, friends, employers, co-workers, strangers, and hackers cannot overhear your communications or have access to the technology that you are using. Privacy in your location is necessary to start a session.
- You will take responsibility for learning how to set up and use the telepsychology technology.
- You agree not to record any telepsychology sessions.
- You agree to the use of headphones to support confidentiality and call sound quality.

## **Appropriateness of Telepsychology**

From time to time, we may schedule in-person sessions as needed to “check-in” with one another and discuss whether or not telepsychology continues to be the best form of contact for you. If we determine that telepsychology is no longer a good fit, we can discuss options for in-office sessions or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

I typically will not engage in telepsychology with clients who are in a crisis situation requiring higher levels of support and intervention. Assessing urgent needs and emergencies can be more challenging via telepsychology. As such, we will agree on a plan to navigate such situations: I will ask you to identify an emergency contact person near your location. You agree that I may contact this person in the event of an urgent or emergent difficulty to assist in addressing the situation. Your signature below releases and authorizes me to suspend confidentiality in order to contact this person in emergency situations.

If, during an emergency situation, our session is interrupted for any reason, and if we fail to reconnect immediately, you agree to call 911 or go to your nearest emergency room.

## **Service Disruptions**

If a session is interrupted during a routine, non-urgent session, one or both of us can link back into the telepsychology platform. If meeting by phone only, please first wait for me to call you back. If I don't reach you quickly, you may try to call me at 404-276-0614. If there is a technological failure and we are unable to resume a connection, you will only be charged the prorated amount of actual session time.

### **Face-to Face Requirement & Identity Verification**

If we agree that telepsychology services are the primary way we choose to conduct sessions, I may ask for you to attend an in-person meeting at the onset or during the course of treatment. In any event, during our initial session, I will require you to show a valid picture ID and another form of identity verification such a credit card in your name. We may establish a verbal password as well.

### **Fees**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. I ask that payment be completed prior to each session via Zelle or other agreed upon electronic transfer.

If you are submitting our sessions to your insurance company for out-of-network reimbursement, please note that telehealth services may or may not be covered; and, even where covered, may not include services provided via phone. If your insurance provider does not cover telehealth services, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

### **Telehealth Emergency Contact Nearby**

I authorize Susan Reviere, PhD, to contact the following person: \_\_\_\_\_, who can be reached at this phone number: \_\_\_\_\_, in the event of an urgent or emergent situation occurring during a telepsychology session. I agree to waive confidentiality in an emergent situation to allow Dr. Reviere to communicate necessary information to secure my safety or well-being.

### **Informed Consent**

This agreement is intended as a supplement to the general Informed Consent for Psychotherapy and does not amend any of the terms of that agreement. Your signature below indicates agreement with the terms and conditions for Telepsychology as detailed herein.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date