



## CONSENT FOR TELEPSYCHOLOGY

Review and sign the form below agreeing that you have read, understood, and agree to the information in this document. Email the form to [bnagode@drmsgibson.com](mailto:bnagode@drmsgibson.com)

Information for instructions on setting up a Telehealth option will be provided to you by your Mental Health Therapist.

If you have any questions, please call 630-759-4000 or email [bnagode@drmsgibson.com](mailto:bnagode@drmsgibson.com)

Thank you  
Marcia Gibson, Psy.D., Owner

This Informed Consent for Telepsychology contains important information focusing on conducting psychotherapy using a phone, cellular phone or telehealth platform. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between you and our office.

Benefits and Risks of Telepsychology refers to providing psychotherapy services remotely using a HIPAA compliant telecommunications technology platform. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, becomes ill, or is otherwise unable to meet in person. It is also more convenient and takes less time. Telepsychology, however, 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. For example:

**Risks to confidentiality.** Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

**Issues related to technology.** There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to access our private conversation, or data could be accessed by unauthorized people or companies.

Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.

Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy.

However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

### **Electronic Communications.**

We will share with you specific information about our HIPAA compliant Telehealth platform and how to access it. You may need certain computer or cell phone systems to use this Telehealth platform.

### **Confidentiality.**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that are outlined in our Consent for Treatment and Practice Policy still apply in telepsychology. Please let us know if you have any questions about exceptions to confidentiality.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you name that person along with their contact information at the bottom of this form, which will allow me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, and/or any other hotlines local resources that we will identify in our emergency plan or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy, or through telephone.

If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

### **Fees**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance provider does not cover electronic psychotherapy sessions, 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.

There is a 24-hour cancellation fee. When I schedule an appointment, the clinician reserves that time for me and if I cannot attend a session, I must give 24-hour notice or I will be charged the full fee for the session. This also applies to telepsychology as well.

### **Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with our office policies.

## **CONSENT TO USE THE TELEHEALTH**

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Through my provider and I may be in direct, virtual contact through a computer or phone, neither therapist nor our office provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. Some of our therapists might offer a service that facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

### **By signing this form, I certify:**

That I have read or had this form read and/or had this form explained to me.

That I fully understand its contents including the risks and benefits of the procedure(s).

That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

## Emergency Contact

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Name of Emergency Contact

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Phone Number

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Relationship to Patient

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Client Signature

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Please Print Name

Date