

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, I agree to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- I agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- I need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public Wi-Fi.
- It is important to be on time. If I need to cancel or change my virtual visit, I will notify the psychologist in advance by phone or the portal.
- We need a back-up plan (e.g., phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- I should confirm with my insurance company that the video sessions will be reimbursed; if they are not reimbursed, I am responsible for full payment.
- The psychologist may determine that due to certain circumstances, telepsychology is no longer appropriate.

Patient Name: _____

Signature of Patient/Patient's Legal Representative: _____

Date: _____