LOTUS GEM SERVICES

Alisa Dennis, Ph.D.

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed 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 others person(s).
 - o If you request that sessions be audio and/or video recorded and that they be sent to you digitally, please note there are potential risks to confidentiality that are beyond the provider's capacity to protect your health information.
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You may 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/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your teleappointment, you must notify the psychologist in advance by phone or email. The pre-existing cancelation policy as indicated in the Office Policies and General Informed Consent document, applies to telehealth services.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
 My phone number is ______
 We need a safety plan that includes at least one emergency contact and the
 - - My preferred emergency contact is _______
 - Their phone number is _____
 - Their relationship to me is ______
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. This does not apply to clients who are private pay or who have no intention of submitting superbills to their insurance company.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person or that it is best for you to be referred to another licensed therapist who can see you in their physical brick and mortar office.

1 sychologist Name / Signature. Ansa Dennis, 1 n.D.
Patient Name/Signature:
Signature of Patient/Patient's Legal Representative if client is a minor:
Date:
Date:

Psychologist Nama / Signatura: Alica Dannis Ph D