

## Informed Consent for Telepsychology

This document contains important information focusing on providing consultation and psychotherapy using the Internet. Please read this document carefully and write down any questions you might have so that you can discuss them with Dr. Childress. When you sign this document, it will represent an agreement between us.

### Benefits & Risks of Telepsychology

The term *Telepsychology* refers to providing consultation or psychotherapy services remotely using telecommunications technologies, such as videoconferencing. 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 providing professional services that are otherwise inaccessible, and for ensuring continuity of care if the client or clinician moves to a different location, or to provide availability across an extended vacation, or if the client and clinician are otherwise unable to continue to meet in person.

Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits to tele-psychology, 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 our 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 consultation or 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 get access to our private conversations, or stored 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 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 nonverbal information when working remotely.

## **Electronic Communication**

Dr. Childress provides telepsychology services through an online platform at [doxy.me/drchildress](https://doxy.me/drchildress).

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes such as rescheduling appointments (unless we have made another agreement). This means that email exchanges and text messages with Dr. Childress should be limited to administrative matters such as rescheduling appointments. You should be aware that I cannot guarantee the confidentiality of any information communicated by an unsecured email or text message. It is recommended that email communication with me be through secure email by prior arrangement.

You should be aware that I do not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my emails or texts, nor do I respond immediately, so these methods should **not** be used if there is an emergency.

If you are unable to reach me and feel that you cannot wait for me to return your contact, then you should contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

## **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our telepsychology work together. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and backup 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 take reasonable steps to ensure the security of our communications (for example, only using secure networks for tele-psychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and exceptions to confidentiality that I outlined in my informed consent for consultation and treatment still apply in tele-psychology. Please let me know if you have any questions about exceptions to confidentiality.

## **Appropriateness of Telepsychology**

Tele-psychology may not be appropriate in all cases and I will let you know if I decide that tele-psychology is no longer the most appropriate form of treatment for you. We will discuss options of engaging in alternative in-person counseling or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting tele-psychology than in traditional in-person consultation or 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 sign a separate authorization form allowing me to contact your emergency contact person as needed during a crisis or emergency.

If the session is interrupted for any reason while you are having an emergency, such as the technological failure of the connection, do not call me back; instead, call 911 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 were not having an emergency, disconnect from the session and I will wait two (2) minutes and then reconnect you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive contact from me within two (2) minutes, then call me on the phone number I provided to you. If there is a technological failure and we are unable to resume the connection, then 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. I do not accept insurance, and many insurance or other managed-care providers may not cover sessions that are conducted via telecommunication. You are solely responsible for the entire fee of the session. It is your separate responsibility to contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether the sessions will be covered, and it is your separate responsibility to pursue reimbursement from insurance providers if reimbursement is allowed by the provider.

**Records**

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

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agree to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates your agreement terms and conditions

Client \_\_\_\_\_ Date \_\_\_\_\_

Dr Childress \_\_\_\_\_ Date \_\_\_\_\_