Psychology Health Group

A Group of Independent Practitioners

**2102 East 38th Street**

**Davenport, IA 52807**

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**www.phgqc.com**

**INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES / TELEHEALTH**

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 other person(s).
* We agree 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 tele-appointment, you must notify the psychologist or social worker in advance by phone or email.
* 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.
* 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.
* 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; it they are not reimbursed: you are responsible for full payment.
* As your psychologist or social worker, I may determine that due to certain circumstances, telepsychology is no long appropriate and that we should resume or sessions in- person.

Psychologist or Social Worker Name / Signature:

Patient Name:

Signature of Patient / Patient’s Legal Representative:

Date