

RAVIT AVNI-SINGER, MSW LCSW

One Bradley Road, Suite 206, Woodbridge, CT 06525 203-389-9174 www.collaborativementalhealthassociates.com

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed to the following:

- Tele-psychological health is a way to deliver mental health services using interactive technologies (audio, video, or other electronic communication) when the clinician and client are not in the same room. There are potential benefits and risks to such services that differ from in-person sessions.
- Confidentiality still applies and nobody will record the session without the specific permission to do so from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, it is HIPAA compliant, and uses safeguards to protect the integrity of the data exchanged. I will explain how to use it.
- You 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 your responsibility to identify such a place in your home or office.
- 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 me at least 24 hrs in advance by phone or email. You are responsible for paying the session fee for a late cancellation or “no show”.
- 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, the name of your PCP, 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; if they are not reimbursed, you are responsible for full payment.
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person if possible.

Clinician Name / Signature/ Date: _____

Patient Name/ Signature/ Date: _____

Name/Signature Patient’s Legal Representative: _____