**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, failed technology that interrupts treatment) 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).
* We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist 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 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 counselor in advance by phone.
* 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; if they are not reimbursed, you are responsible for full payment.
* 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.

Therapists Name / Signature:

Patient Name:

Signature of Patient/Patient’s Legal Representative:

Date:

**Please Provide the following Information**

* Where will you be (i.e. location) when you attend your virtual visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What phone number can we call in case we lose connection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please provide the name and phone number of someone we can contact in case of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please provide the name and phone number for the closest ER to you (this is collected for emergency purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please provide the phone number of your local police station to you (this is collected for emergency purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before your session, please read the following**

* Good video quality is important for a good experience. During your visit, please place your camera on a stable surface and in a position where the picture is at eye level.
* Please speak clearly during the session, as it can be difficult to hear each other across a video connection.
* During the session, please turn off all apps and notifications.
* It is important that you are in a quite and private location during the visit.
* Please fill out all pre-session forms online prior to your appointment.
* Before your session begins, your counselor will ask for the following information: name, date of birth, your current location and phone number, confirm who is present in your location, confirm that no one is recording the session, and will confirm that apps and notifications are turned off.
* Download the “Zoom Cloud Meetings” from the App Store or Google Play